

7. S. No. 2
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Rev. 5-17-39
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25056

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **6439**

Registration District No. **III 26 1946**
318

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **27 days**
(Specify whether years, months or days)

In this community **Unk**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St Louis**

(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **2649 Pine**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ~~XXXXXXXXXXXX~~ **Genie Blair**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **July** day **19**
year **1946** hour **12** minute **Noon** M.

4. Sex **M** 5. Color or race **COL**

6. (a) Single, widowed, ~~married~~ divorced **Widow**

6. (b) Name of husband or wife **DECEASED**

6. (c) Age of husband or wife if alive _____ years
16 - 15 - 1921
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 22, 1946** to **July 19, 1946**
that I last saw him alive on **July 19, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-Pneumonia**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Duration **Unk**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: **66** Years **65** Months **1** Days **7**
If less than one day _____ hr. _____ min.

9. Birthplace **ARK.**
(City, town, or county) (State or foreign country)

10. Usual occupation **LABOR**

11. Industry or business **Unk.**

MOTHER FATHER { 12. Name **Unk.**

13. Birthplace **Unk.**
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Unk.**

15. Birthplace **Unk.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Philip - Hipler**

(b) Address **2633 B. PINE ST.**

17. (a) **BURIAL** (b) Date thereof **7-24-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **GREEN WOOD CEM. GERMANN & ALLEN**

18. (a) Signature of funeral director **J. J. Bradley**

(b) Address **4284 W. FINNEY**

19. (a) **JUL 22 1946** (b) **J. J. Bradley**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **S. B. McIlwain** (M.D. or other) _____

Address **2601 N Whittier St** Date signed **7-22-46**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
23907

St Louis
20th June

St Louis
Henry G. Howell
2834 Garable

July 1st
June 22nd

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Charles L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Garable

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed; fact should be so stated above.