

Registration District No. **318** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G Phillips Hospital
(d) Length of stay: In hospital or institution 3 days
In this community 3 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 913 N Jefferson
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Will Chissom
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 5
year 1946 hour 6 minute XX A. M.

4. Sex MALE Color or race Negro
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Lillie Chissom
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased UNKNOWN

21. I hereby certify that I attended the deceased from 7-2 1946 to 7-3 1946; that I last saw him alive on July 3 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease with Decompensation
Duration Undet.

8. AGE: Years 62 Months _____ Days _____ If less than one day hr. _____ min. _____

Other conditions None
Major findings: Of operations _____ Of autopsy _____

9. Birthplace Tuskegee Ala
10. Usual occupation Laborer

MOTHER FATHER
11. Industry or business _____
12. Name Si Chissom
13. Birthplace UNKNOWN Ala
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN Ala

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

16. (a) Informant Lillie Chissom
(b) Address 913 North Jefferson
17. (a) Removal (b) Date thereof 7-11-46
(c) Place: burial or cremation Pratt City, Ala
18. (a) Signature of funeral director Mary Wade
(b) Address 4202 S. Main Ave
19. (a) 10/19/46 (b) J. F. Brodock

While at work? _____ (Specify type of place) _____
(c) Means of injury _____
23: Signature E. B. Williams (M. D. or other) _____
Address 2661 N. Whittier Date signed 7/5/46

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

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.