

FILED JUL 22 1946
Registration District No. 318

Primary Registration District No.

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

1. PLACE OF DEATH
(a) County: St. Louis Mo
(b) City or town: St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
Name of hospital or institution: found at foot of Fillmore St up
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution: Miss. River
In this community: 3 years, months or days (Specify whether)

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.: with (If rural, give location)
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME: Luck = White Male
3. (b) If veteran, name war: _____
3. (c) Social Security No.: _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 5 year 1946 hour _____ minute 11 AM
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex: Male
5. Color: White
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: _____
6. (c) Age of husband or wife if alive: _____ years (Day) (Year)

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death: Asphyxiation due to - drowning when he was found in Mississippi River at the foot of Fillmore St on June 5, 1946 about 11 AM
Due to: LINE PLACE CAUSE - MANAGER
If same could not be determined
Other conditions: (Include pregnancy within 3 months of death)

7. Birth date of deceased: (Month) (Day) (Year)
Oct-30-60

Major findings: Of operations: _____
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

8. Age: Years Months Days If less than one day
85-50-60

9. Birthplace: (City, town, or county) (State or foreign country)
Luck

10. Usual occupation: Luck

11. Industry or business: Luck

12. Name: Luck

13. Birthplace: (City, town, or county) (State or foreign country)
Luck

14. Maiden name: _____

15. Birthplace: (City, town, or county) (State or foreign country)
Luck

16. (a) Informant: F. Callahan
(b) Address: 1300 Clark

17. (a) BURIAL (b) Date thereof: 7-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery

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) (e) Means of injury:
Signature: Frank E. ... (M. D. or other)
Address: Regent Date signed: 7/9/46

Pro Embalmer

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.....

Licensed Embalmer No.....

P. O. Address.....

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.