

FILED MAY 29 1948

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: ~~2200 E. BROADWAY~~

(a) County St. Louis

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

(c) Name of hospital or institution:
Pronounced dead at Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days)

In this community 35 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1924 A Biddle St. 9
21 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mr. Willie Day

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-01-9748

4. Sex M 2) 5. Color of race col

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fannie Baskin Day 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased 4/18/88
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day 16th year 1947 hour 7:26 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death _____

Due to Covary Occlusion

Due to _____

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

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

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Fannie Baskin Day

(b) Address 1924 A Biddle St.

17. (a) BURIAL (b) Date thereof 5-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (c) Signature of funeral director Bus Howe

(b) Address 2930 Dickson St.

19. (a) MAY 20 1948 (Date received local registrar) J. J. Braddock (Registrar's signature)

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 _____

23. Signature [Signature] (M.D. or other) _____

Address _____ Date signed 5/20/48

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..... *Blenk Young*
Licensed Embalmer No..... *3371*
P. O. Address..... *St. Louis*

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.