

No. 2
-5-43
5-17-39
I X38671

FILED MAY 22 1948

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

4852

1. PLACE OF DEATH: Homer Phillips Hosp
 (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 Homer Phillips Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 In this community 40 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. 908 A. Biddle 9
25 (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. John Pennington
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 9th
 year 1947 hour 3 minute 15 P.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 5. Color or race Col
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 10 1 1872
 (Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.
 Immediate cause of death Septicemia; 9 days
and Necrotic wounds of left hip, chest and back of neck
 Due to left femoral distal end
when to fall from attempt
 Due to to get out of bed at home
of pressure sores used
 Other conditions detected since unknown
 (Include pregnancy within 3 months of death)

8. AGE: Years 74 Months 7 Days 8 If less than one day _____ hr. _____ min.
 9. Birthplace Atlanta G.A.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Labor

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

MOTHER FATHER
 11. Industry or business _____
 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)
 16. (a) Informant Green Caldwell
 (b) Address 908 A. Biddle St
 17. (a) Buried (b) Date thereof 5-14-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Dale Cemetery
 18. (a) Signature of funeral director Bus Lowe
 (b) Address 2934 Pickson St
 19. (a) _____ (b) J. F. Brudeck
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence About 5/26/47
 (c) Where did injury occur? St. Louis
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
 While at work? no (Specify type of place) recreation
 (c) Means of injury _____
 23. Signature Edgar (M. D. or other) 3
 Address 2934 Date signed 5/27/47

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.....

Harvey H. Mattox....., Registered Apprentice No. *501*
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.