

No. 2
-12-45
5-17-39
K 4770

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29021
Registrar's No. 2561

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST. Louis
(b) City or town ST. Louis
(c) Name of hospital or institution 3018^a LUCAS
(d) Length of stay: In hospital or institution 17 YEARS
In this community 17 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County MO
(c) City or town ST. Louis
(d) Street No. 3018^a LUCAS
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME JAMIE E. ERVIN
3. (b) If veteran, name war No. 3. (c) Social Security No.

20. DATE OF DEATH: Month Aug day 6 year 1947 hour 10:05 P. minute 05 P. M.
21. I hereby certify that I attended the deceased from that I last saw him alive on 19 to 19 and that death occurred on the date and hour stated above.

4. Sex F. 3 5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased JAN 12 1877

Immediate cause of death Heat prostration
Due to 191
Other conditions 19

8. AGE: Years 73 Months 6 Days 28
9. Birthplace SO. CAROLINA
10. Usual occupation N.L.

Major findings: Of operations
Of autopsy

MOTHER FATHER

12. Name SAMUEL LEXIS
13. Birthplace SO. CAROLINA
14. Maiden name ELIZABETH BRIDGEMAN
15. Birthplace SO. CAROLINA

16. (a) Informant MADINE HODGES
(b) Address 3018^a LUCAS
17. (a) BURIAL (b) Date thereof 8/11/47
(c) Place: burial or cremation WASHINGTON PARK
18. (a) Signature of funeral director F. H. GREEN
(b) Address 2915 FRANKLIN
19. (a) AUG 10 1947 (b) J. F. BRUCE

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 000
(b) Date of occurrence
(c) Where did injury occur?
Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (2) Means of injury 3
23. Signature [Signature] (M. D. or other) Date signed 8/16

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

J. A. Green

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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.