

No. 2
-1/47
-17-39

National Office of Vital Statistics
FILED SEP 18 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(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 G Phillips Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **6 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

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

(d) Street No. **4322 Evans Ave**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **Luther Hendon**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **7**
year **1947** hour **12** minute **xx Midnight**

4. Sex **Male** 5. Color or race **Negro**

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

6. (b) Name of husband or wife **dead**

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **October 15, 1874**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept. 1**, 19**47** to **Sept. 7**, 19**47**
that I last saw him alive on **Sept. 7**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Cardiovascular Disease with Left Ventricular Failure.**

Duration **Undet.**

8. AGE: Years Months Days If less than one day

62 10 21 hr. min.

Due to.....

Due to.....

Other conditions **Auricular Fibrillation**
(Include pregnancy within 3 months of death)

9. Birthplace **Decherd, Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

PHYSICIAN

Major findings:
Of operations.....

Of autopsy **No**

Underline the cause of which death should be charged statistically.

11. Industry or business.....

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

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?..... (Specify type of place)

While at work?..... (Specify means of injury)

23. Signature **Oscar J. Daniels** (M. D. or other)

Address **2601 N Whittier** Date signed **9/8/47**

16. (a) Informant **Laura Sellers**

(b) Address **4332 a. Evans Ave.**

17. (a) **Burial** (b) Date thereof **9/12/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **C.W. Roberts**

(b) Address **1416 N. Taylor Ave.**

19. (a) **SEP 9 1947** (b) **J. F. Bruleck**
(Date received local registrar) (Registrar's signature)

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.