

FILED NOV 25 1947
Registration District No. 317

Primary Registration District No. 2066

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
349 Electric /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 40 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 349 Electric 3
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Bake Ming

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Feb. 1 1863
(Month) (Day) (Year)

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

84 9 7 _____ hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER { 12. Name Joe Ming

{ 13. Birthplace Franklin County
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

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

16. (a) Informant Harry Ming

(b) Address 349 Electric

17. (a) Burial (b) Date thereof Nov. 12, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director John W. Hemphill

(b) Address 408 S. Filmore Kirkwood

19. (a) 11-13-47 (b) Geula J. Sharp MD
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8
year 1947 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 1
1947 to November 8, 1947
that I last saw him alive on 11/7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac dilatation 1 Day
Duration

Due to Chronic myocarditis Syph

Due to 93%

Other conditions Chronic Arthritis Syph
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 C. H. Sheslie (M. D. or other) MD
Address Kirkwood, Mo. Date signed 11/12/47

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.....

Teaffice C. Cooper, Registered Apprentice No. *503-*,
working under my personal supervision.

Signed *James D. [unclear]*

Licensed Embalmer No. *4841*

P. O. Address *2829 Washington*

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.