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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10308
3160

FILED APR 7 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 1 Hour (Specify whether years, months or days)
In this community 3 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3021½a Hickory
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Thomas D. Irvin
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife ******
6. (c) Age of husband or wife if alive ***** years
7. Birth date of deceased December (Month) 20 (Day) 1944 (Year)

8. AGE: Years 3 Months 3 Days 9 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Child
11. Industry or business -----
12. Name Julius Irvin (FATHER)
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Ethel Bright (MOTHER)
15. Birthplace St Louis, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Julius Irvin
(b) Address 3021a Hickory
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-48 (Month) (Day) (Year)
(c) Place: Burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director C. T. Nash
(b) Address 3847 Page Blvd
19. (a) MAR 31 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th year 1948 hour 1:00 minute 15 A.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Acute Pancreatitis
Due to Hepatitis
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work?
(e) Means of injury 3

23. Signature Patrick C. Taylor (M. D. or other)
Address Deputy Coroner Date signed 3-31-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Claudia M. Nash, Registered Apprentice No. 424, working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.