

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
100's

State File No. **27953**
Registrar's No. **6954**

FILED AUG 23 1948
Registration District No. **318**

Primary Registration District No. **100's**

1. PLACE OF DEATH:

(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:
2920 Pine St.
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution ✓
(Specify whether years, months or days)

3. (a) PRINT FULL NAME COLEMAN LITTLEJOHN

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex MALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BESSIE LITTLEJOHN
6. (c) Age of husband or wife if alive 35 years (Day) (Year)
7. Birth date of deceased DEC 25 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 10
If less than one day hr. min.

9. Birthplace COLUMBUS MISS
(City, town, or county) (State or foreign country)

10. Usual occupation SHIPPING CLERK

11. Industry or business

12. Name WILLIAM LITTLEJOHN
13. Birthplace UNK D.C.
(City, town, or county) (State or foreign country)
14. Maiden name GILPE WADE
15. Birthplace COLUMBUS MISS
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Littlejohn
(b) Address 2920 PINE ST.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 9 1948
(Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PS

18. (a) Signature of funeral director English UND. CO
(b) Address 2931 LUCAS AVE
19. (a) AUG 8 - 1948 (Date received local registrar) (b) J. B. Buder (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ✓ no
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2920 Pine 9
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1948 hour 9:00 minute 0 A.M.

21. I hereby certify that I attended the deceased from Aug 1 1948 to Aug 5 1948
that I last saw him alive on Aug 4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death 40 carbide from C.C. - myoc
Possibly a chronic heart

Due to None

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations ✓
Of autopsy ✓

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 J. B. Buder (M. D. or other)
Address 2611 Olive St Date signed 8/7/48

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

MOTHER FATHER

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas Ave

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.