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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38490
State File No. _____
Registrar's No. 10091

Registration District No. 318 Primary Registration District No. 1003

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

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Julius Oatts

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-07-4765

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henrietta 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Sept. 27 1900
(Month) (Day) (Year)

8. AGE: Years 48 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Westpoint, Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Labor-Foundry

11. Industry or business Foundry

MOTHER FATHER

12. Name Ebb Oatts

13. Birthplace Natchez, Miss. 1
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Natchez, Miss. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mason Oatts

(b) Address 2009 Carr St

17. (a) Burial Place (b) Date thereof Nov 22 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 4107 Finney Ave.

19. (a) NOV 22 1948 (b) J. M. Hasater
(Date received local registrar) (Registrar's signature)

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. 3948 Garfield
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1948 hour 1 minute 30 a.m.

21. I hereby certify that I attended the deceased from Nov. 14 19 48 to Nov. 18 19 48
that I last saw him alive on Nov. 18 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Lungs —
Pneumoconiosis; Tuberculosis

Duration Undet.

Due to _____
Due to _____

Other conditions Congestion of Liver & Spleen
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy Yes

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)
Means of injury _____

23. Signature Oscar Daniels (M. D. or other) _____
Address 2601 N Whittier Date signed 11/19/48

Mil

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.....

Paul V. Freeman

....., Registered Apprentice No. *276*

working under my personal supervision.

Signed.....

John L. Cunningham

Licensed Embalmer No. *4476*

P. O. Address. *4107 Finney*

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.