

FILED JAN 19, 1949

State File No. _____

318

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		c. LENGTH OF STAY (In this place) <u>6-21-48 to 1-10-49</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmiry Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2617 Madison St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Little</u> c. (Last) <u>Little</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 10 49</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2/4/43</u>	
9. AGE (In years last birthday) <u>6</u>		10. MONTHS <u>9</u>		11. DAYS <u>6</u>		12. IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <u>Retired father</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Common</u>		11. BIRTHPLACE (State or foreign country) <u>Chicago, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Little</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kathleen Lacey 2617 Madison</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive and Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Disease of many years</u> DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cellulitis Left foot</u> 3 weeks	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>442</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2-1</u> , 19 <u>48</u> , to <u>1-10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-10</u> , 19 <u>49</u> and that death occurred at <u>5:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Masao Okamoto M.D.</u>				23b. ADDRESS <u>5500 Arsenal</u>		23c. DATE SIGNED <u>1/10/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis</u> <u>MO</u>	
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <u>J. B. Fasano</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. W. Bruce 4469 Washington</u>			

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Frederick P. Stark.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4599.....

P. O. Address St. Louis.....

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.