

FILED FEB 3 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 2477
 Registrar's No. 829

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2477		Registrar's No. 829				
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____								
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>			22-7					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>22 2247 Randolph</u>								
3. NAME OF DECEASED (Type or Print) <u>Willie</u>			a. (First)		b. (Middle)		c. (Last) <u>Fingers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23 1950</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>		8. DATE OF BIRTH <u>April 11, 1948</u>		9. AGE (In years last birthday) <u>1 year 10</u>	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>			12. CITIZEN OF WHAT COUNTRY? <u>U</u>			
13a. FATHER'S NAME <u>Will Finger</u>				13b. MOTHER'S MAIDEN NAME <u>Carlee Jackson</u>			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Carlee Jackson</u>						ADDRESS <u>2247 Randolph</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>		
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u></p> <p>ANTECEDENT CAUSES</p> <p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p> <p>Due TO (b) <u>Undetermined</u></p> <p>Due TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u></p>				II. OTHER SIGNIFICANT CONDITIONS								
				None								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) <u>4911A</u>							
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>1-18</u> , 19 <u>50</u> , to <u>1-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-23</u> , 19 <u>50</u> , and that death occurred at <u>11:30pm.</u> , from the causes and on the date stated above.												
23a. SIGNATURE <u>August Piper</u>				(Degree or title) <u>M. D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>			23c. DATE SIGNED <u>1-21-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1/28/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>					
DATE REC'D BY LOCAL REG. <u>JAN 26 1950</u>		REGISTRAR'S SIGNATURE <u>R B Fasater</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>F. A. Green</u>			ADDRESS <u>4214 Delman</u>			

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.

Student
Student Embalmer

Signed *J. G. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

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.