

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

36163  
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH Romer Phillips Hospital 791  
 (a) County ..... Registration District No. 1  
 (b) Township ..... Primary Registration District No. 1008 Registered No. 9740  
 (c) City Saint Louis (d) Street No. 2601 N Whittier St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ike Singleton  
 (a) Residence, No. 2032 Wash St. 27  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1873  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
64 5 17  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mounds,  
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Paul Singleton

14. BIRTHPLACE (CITY OR TOWN) unknown  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) unknown  
 (STATE OR COUNTRY)

17. INFORMANT Evelyn Hilliard  
 (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Walter Dicker DATE 10-20 1937

19. FUNERAL DIRECTOR W. Broderick  
 (ADDRESS) 2601 N Whittier

20. OCT 20 1937 19 J. Brodeck  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1937, to Oct. 13, 1937  
 I last saw h. im alive on Oct. 13, 1937 Death is said to have occurred on the date stated above, at 2:30 m. p.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic nephritis  
 Date of onset 9/17/37  
131

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? .....  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify .....  
 (Signed) James B. Howie, M. D.  
 (Address) 2601 N Whittier

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, ATD Richardson, Licensed Embalmer No. 2928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed ATD Richardson

Licensed Embalmer No. 2928

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.)