CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REG'D OCT 12 1938

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

301
1003

30621
Do not use this space.

Registered No. 8058

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No.
Primary Registration District No.
(d) Street No. Homer Phillips Hospital 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Burrell Primms
(a) Residence, No. 2130 Eugenia St. 22
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mable Primms

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 6, 1910

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
28	3	29	

OCCUPATION
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) (STATE OR COUNTRY): Arkansas

FATHER
13. NAME: William Primms
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

MOTHER
15. MAIDEN NAME: Bertie Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

17. INFORMANT: Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hope Ark DATE 9-13 1938

19. FUNERAL DIRECTOR (NAME) L. Thomas
(ADDRESS) 2734 Shenandoah

20. FILED SEP 12 1938 J. D. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 19 38, to Sept. 5, 19 38
I last saw him alive on Sept. 5, 19 38 Death is said to have occurred on the date stated above, at 4:20 p.m.
The principal cause of death and related causes of importance were as follows:

Lung Abscess, Tubercular — Date of onset 8/24/38

23

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? yes

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) H. J. Lynn, M. D.
(Address) 2601 N Whittier

Licensed Embalmer's Statement on Reverse Side)

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, myself, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Raymond E. Schr

City License #99 Licensed Embalmer No. 9985

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.