

26 1939

MAY 1 1939

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

16207

Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 784
(c) City Jefferson Barracks (d) Street No. Vet. Hosp. Registered No. 756
(e) Length of residence in city or town where death occurred Unkn. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eli Washington

(a) Residence, No. 2716 Randolph Avenue St. Saint Louis, Missouri
(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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mrs. Etta Washington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
55 7 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Piano Mover

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) Little Rock,
(STATE OR COUNTRY) Arkansas

13. NAME Daniel Washington

14. BIRTHPLACE (CITY OR TOWN) --
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Eliza (Unknown)

16. BIRTHPLACE (CITY OR TOWN) --
(STATE OR COUNTRY) Not known

17. INFORMANT Clinical Service Co., Jefferson
(ADDRESS) Barracks, Missouri

18. BURIAL CREMATION, OR REMOVAL PLACE National Cemetery DATE May 1 1939

19. FUNERAL DIRECTOR (NAME) E. I. Garner
(ADDRESS) 2829 Washington, Ave.

20. FILED APR 26 1939 A. R. Meyer, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25 1939

22. I HEREBY CERTIFY, That I attended deceased from March 11 1939 to April 25 1939

I last saw him alive on April 25 1939 Death is said to have occurred on the date stated above, at 1:55A.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic (Hypertensive heart disease). Date of onset Unkn.

Other contributory causes of importance:

Arteriosclerosis, general and chronic nephritis. Unkn.

Name of operation None Date of Phy. Clinical manif. and lab.
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), was there in also the following: Accident, suicide, or homicide? None Date of injury None 1939

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoneIf so, specify C. W. Hughes(Signed) C. W. HUGHES, Chief Med. Off., M. D.(Address) V.A.F., Jefferson Barracks, Mo.

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.

AUG 30 1945

JAN 4 1944
JAN 6 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificâte was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Arthur L. Hilliard

Licensed Embalmer No.

3389

P. O. Address

3018 Dickson

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, above space should be left blank.