

NOV 13 1939 791
Registration District No.

Primary Registration District No.

87139013
Registrar's No.

1. PLACE OF DEATH:

(a) County 1000
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days (Specify whether
 In this community Unknown (Specify whether
 years, months or days)

8. (a) PRINT FULL NAME George Fuqua 760

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Georgia Fuqua 6. (c) Age of husband or wife if alive 23 years7. Birth date of deceased Jan. 1 1901
(Month) (Day) (Year)8. AGE: Years 38 Months 9 Days 4 If less than one day _____ hr. _____ min.9. Birthplace Mo. (City, town, or county) (State or foreign country)10. Usual occupation Laborer 0

11. Industry or business _____

12. Name George Fuqua 113. Birthplace Ky. (City, town, or county) (State or foreign country)14. Maiden name Julia Morris 115. Birthplace Iowa (City, town, or county) (State or foreign country)16. (a) Informant's own signature Georgia Henqua(b) Address 912 Cass Ave.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-39
(Month) (Day) (Year)(c) Place: burial or cremation Farther Dickson18. (a) Signature of funeral director Myrinda Thomas(b) Address 2734 Sheridan Ave19. (a) OCT 12 1939 (Date received local registrar) (b) J. P. [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis 25
 (If outside city or town limits, write "RURAL")
 (d) Street No. 912 Cass Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 5
year 1939 hour 5:15 minute A. M.21. I hereby certify that I attended the deceased from 9:26
_____, 1939 to 10-5-, 1939;
that I last saw him alive on 10-5-, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Hypertensive Heart Disease Two to Three Years
Due to Chronic Nephritis 1 1/2 Years

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 1 1/2
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. J. Pymon (M. D. or other) 1Address 260 H. Whittier Date signed 10-9-39

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.....

Myself

Registered Apprentice No.

working under my personal supervision.

Signed *Rex C. Campbell*

Licensed Embalmer No. *3881 (Reg # 17)*

P. O. Address *St Louis, MO*

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.