

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1. PLACE OF DEATH:

(a) County _____

(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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 95 days
(Specify whether _____)

In this community Unknown
years, months or days

3. (a) PRINT FULL NAME John Wesley 240

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex M **5. Color or** Negro **6. (a) Single, widowed, married,** Unknown
race divorced

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
alive _____ years

7. Birth date of deceased Unknown Abt 1871
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>About 68</u>			hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur M. Shepard
(b) Address 2601 N. Whittier St.

17. (a) Burial (b) Date thereof Nov-2-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Metropolitan Funeral Home
(b) Address 3028 Dickson St

19. (a) NOV 2 1939 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2207 Chestnut
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29
year 1939 hour 4:50 minute P. M.

21. I hereby certify that I attended the deceased from 7-27- 1939 to 10-29- 1939
that I last saw him alive on 10-29- 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 3 mos.
(Recurrent)

Due to Luetic Heart Disease

Due to _____

Other conditions _____
(Include pregnancy within 9 months of death)

Major findings: _____
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 _____

28. Signature Leon A. Smart (M. D. or other) 10-31-1939
Address 2601 N. Whittier Date signed

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickerson

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.