

Registration District No. **291** Primary Registration District No. _____

1. PLACE OF DEATH: **1**
(a) County **1008**
(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 **6 days**
Unknown (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Will Townsend 525**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **495-14-4082**

4. Sex **MALE** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **widowed**

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

7. Birth date of deceased **Jan 1 1874**
(Month) (Day) (Year)

8. AGE: Years **65** Months **10** Days **21** If less than one day hr. _____ min. _____

9. Birthplace **Logan Ky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Porter**

11. Industry or business **Jewelry store**

12. Name **Richard Thinsel**

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

14. Maiden name **Jane Hughes**

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

16. (a) Informant's own signature **Bernie Hardisty**

(b) Address **3 S Harrison Ave**

17. (a) **Washington PK** (b) Date thereof **11-25-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington PK**

18. (a) Signature of funeral director **A. F. Budde Fetter**

(b) Address **2707 Stoddard St**

19. (a) **NOV 25 1939** (b) **J. Budde**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State **Missouri** (b) County _____
(c) City or town **St Louis 21**
(If outside city or town limits, write "RURAL")
(d) Street No. **2614 Wash**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **22**
year **1939** hour **6:00** minute _____ A. M.

21. I hereby certify that I attended the deceased from **Nov 17, 1939**, 19____, to **November 22 39**, 19____;
that I last saw h **im** alive on **November 22**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration **11 das**

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy **Bronchopneumonia**

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. Lyman** (M. D. or other)

Address **2601 N Whitaker** Date signed _____

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.

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.....

William C. McDowell, Registered Apprentice No.
working under my personal supervision.

Signed William C. McDowell
Licensed Embalmer No. 2114

P. O. Address.....

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.