

JAN 12 1940

Registration District No. 221

Primary Registration District No. _____

Registrar's No. 11076

1. PLACE OF DEATH: 1003
 (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 Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Hrs. 10 Min.
 (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Small 5:10
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 12-7-39
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 4 hr. 8 10 min.

9. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name William Small
 13. Birthplace Memphis Tenn.
 (City, town, or county) (State or foreign country)

14. Maiden name Helen Burnett
 15. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

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

17. (a) _____ (b) Date thereof DEC 27 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Dr. Hamelton
 (b) Address City Health Dept.

19. (a) DEC 27 1939 (b) J. J. [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County _____
 (c) City or town St. Louis 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1115 N Leonard
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 8
 year 1939 hour 12 minute 45 A.M.
 21. I hereby certify that I attended the deceased from 12-7-39, 1939 to 12-8-39, 1939
 that I last saw him alive on 12-8-, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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 1
 23. Signature M. E. Fowler (M. D. or other) 12-26-39
 Address 2601 N Whittier Date signed

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

Signed.....

Licensed Embalmer No.....

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.