

Registration District No. 1003

Primary Registration District No. \_\_\_\_\_

Registrar's No.

51

## 1. PLACE OF DEATH:

(a) County 1  
 (b) City or town St. Louis  
 (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 21 days  
 In this community Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Greely Prince 6-528. (b) If veteran, name war No 8. (c) Social Security No. None

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Unknown  
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>About 70</u>			hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Unknown13. Birthplace Unknown (City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown (City, town, or county) (State or foreign country)16. (a) Informant's own signature Sadie Teeth(b) Address 3107 Laclede Ave17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1940 (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director J W Hughes(b) Address 2620 Latton19. (a) JAN 3 1940 (Date received local registrar) (b) \_\_\_\_\_ (Signature of registrar)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St Louis 21  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3107 Laclede  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31  
 year 1939 hour 3:00 minute 50 A. M.

21. I hereby certify that I attended the deceased from December 11, 1939, to December 31, 1939;  
 that I last saw h. im alive on December 31, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Pulmonary Tuberculosis</u>	<u>1-2yrs</u>

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 \_\_\_\_\_

23. Signature H. J. Leman (M. D. or other)Address 2604 N Whittier Date signed \_\_\_\_\_

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**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.....

*Lyda Hughes*

Licensed Embalmer No.....

*2938*

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.**