

MAY 15 1940 791

Primary Registration District No. 1003

Registrar's No. 3186

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 _____
(Specify whether
In this community 5 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4277 Enright Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

Black, Fred (Fred Black)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1
year 1940 hour 8: minute 55 P. M.

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 27 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-22-40 to 4-1-40
that I last saw him alive on 4-1-40
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Larynx with Respiratory Obstruction 6 mos.

8. AGE: Years 73 Months 6 Days 4 If less than one day hr. _____ min. _____

Due to Carcinoma of Esophagus (Metastatic)

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

Due to _____

10. Usual occupation Nil

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

11. Industry or business _____

Major findings: Of operations _____

12. Name Charles Black
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Of autopsy H.M.

14. Maiden name De 1/2 Dixon
15. Birthplace Unknown TENN
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Callie Thomas
(b) Address 4277 Enright Ave

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 4-6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

18. (a) Signature of funeral director J. S. Braddock
(b) Address 3123 Bell Ave

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

19. (a) APR 6 1940 (b) J. S. Braddock
(Date received local registrar) (Registrar's signature)

23. Signature E. A. McDowell (M. D. or other) _____
Address 2601 N. Whittier St. Date signed 4-2-1940

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

Rev. 5-17-39 I X1851

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 *Not Embalmed*

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.