

791
OCT 25 1940

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **7982**

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:
Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 days**
In this community **Life**
(Specify whether years, months or days)

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. **3125 A Delmar**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **5**
year **1940** hour **5:38** minute _____ P. M.

21. I hereby certify that I attended the deceased from **August 28**, 19**40**, to **Sept 5**, 19**40**.

that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumococcic Meningitis** **12 das**
Duration

Due to **Bronchopneumonia**

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy **Meningitis, Bronchopneumonia**

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 _____

23. Signature **J. E. Pease** (M. D. or other) _____
Address **2601 N Whittier** Date signed _____

3. (a) PRINT FULL NAME **Howard Fennell**

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

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

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

7. Birth date of deceased **June 4, 1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 3 1 hr. _____ min.

9. Birthplace **St Louis** **Mo** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **Ivory Fennell**

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

14. Maiden name **Pearl Houston**

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

16. (a) Informant **Florence W. Spotts**
(b) Address **2601 N Whittier**

17. (a) **Burial** (b) Date thereof **9-26-40**
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation **City Cem.**

18. (a) Signature of funeral director **W. Hamilton**

(b) Address **City Health Dept.**

19. **SEP 25 1940** (b) **J. F. Pease**
(Date of registration) (Signature)

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

MOTHER FATHER

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.