

Registration District No. **791** Primary Registration District No. **1003**

Registrar's No.

FILED DEC 11 1940

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

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 10 das (Specify whether
In this community 2 yrs. years, months or days)

8. (a) PRINT FULL NAME Eddie Rounds

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race N 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie Mae Rounds 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased October 31st 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 yrs. 10 22 _____ hr. _____ min.

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

10. Usual occupation W.P.A.

11. Industry or business _____

MOTHER FATHER { 12. Name Johnnie Rounds
13. Birthplace Miss. (City, town, or county) (State or foreign country)

{ 14. Maiden name Lutisha Sfran
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Gloria A Spotts
(b) Address 2601 N. Whittier

17. (a) _____ (b) Date thereof 10/5/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter
(b) Address 2500 Rutger

19. (a) NOV 1 1940 (b) J. P. ...
(Date received in ...)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3953 Evans (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1940 hour 6:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from September 14, 1940 to Sept. 27, 1940;
that I last saw him alive on September 23, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Appendix & Peritonitis & Fecal Fistula Duration 9 das.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (d) Means of injury _____

23. Signature E. A. Mc ... (M.D. or other) _____
Address 2601 N. Whittier Date signed 10-2-40

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.