

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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 4 mos 3 das
(Specify whether
In this community 10 years
years, months or days) 1

3. (a) PRINT FULL NAME Charlie Booker

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 Single

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

7. Birth date of deceased Feb 15 1901
(Month) (Day) (Year)

8. AGE: Years 39 Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER { 12. Name John Booker
13. Birthplace Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Edna Swing
15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edna Swing
(b) Address 3040 Pine St.

17. (a) Burial (b) Date thereof Nov. 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Allen Dailas

(b) Address 3033 Pine St.

19. (a) NOV 20 1940 (b) J. W. Johnson
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St Louis
(If outside city or town limits, write "RURAL") 21
(d) Street No. 3040 Pine Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16
year 1940 hour 1:55 minute P. M.

21. I hereby certify that I attended the deceased from July 13, 1940, to November 16, 1940;
that I last saw him alive on November 16, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic Cirrhosis Duration 10yrs

Due to.....

Due to.....

Other conditions (Include pregnancy within 5 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) (e) Means of injury.....

23. Signature J. W. Johnson (M. D. or other)
Address 2601 N Whattier Date signed.....

FILED DEC 11 1940

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.....

Melvin Blackburn

Licensed Embalmer No. 3962

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.