

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12470
State File No. 2960

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Providence and H. H. 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 unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis 21'9
(If outside city or town limits, write "RURAL")
(d) Street No. 3728 Franklin Ave
(If rural, give location)
(e) If foreign born, how long in U.S.A.?
born in U.S.A. _____ years

3. (a) PRINT FULL NAME Thomas Bigham
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 16
year 1941 hour _____ minute 40 A.M.

4. Sex Male 5. Color or race Black
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Oct. 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Ruptured Aortic Aneurysm

8. AGE: Years 63 Months _____ Days _____ If less than one day
Oct hr. _____ min.

Due to cause undetermined
Due to _____

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

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

10. Usual occupation Laborer

Major findings: Of operations 96

11. Industry or business _____

Of autopsy _____

12. Name unknown

Underline the cause to which death should be charged statistically.

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

14. Maiden name unknown

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

16. (a) Informant James J. Bigham
(b) Address 1300 Clay Ave

17. (a) _____ (b) Date thereof 3-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director W. R. R. R.
(b) Address 3520 Ruffin

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)
(c) Means of injury _____

19. (a) APR - 2 1941 (b) J. S. Bredbeck
(Date received local registrar) (Registrar's signature)

23. Signature Alfred Perry (M. D. or other) 3
Address St. Louis Date signed 3/24/41

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

59
00
17
9

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, fact should be so stated above.