

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6596

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: Homer G Phillips
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
5 years 0 (Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St Louis 17
 (If outside city or town limits, write "RURAL") 209
 (d) Street No. 2812 Madison
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME John Townsend
 3. (b) If veteran, name war No
 3. (c) Social Security No. 486-16-3290

4. Sex Male 2 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 1, 1913
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt 28 6 5 hr. min.

9. Birthplace Green Wood MISS 1
 (City, town, or county) (State or foreign country)
 10. Usual occupation Butcher
 11. Industry or business Happy Hollow Whiskey Co
 12. Name JOHN TOWNSEND
 13. Birthplace Green Wood MISS 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Carrie Green
 15. Birthplace MISS 1
 (City, town, or county) (State or foreign country)

16. (a) Informant Ruth Green
 (b) Address 2812 Madison St
 17. (a) Burial (b) Date thereof Aug 14, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Green Wood Cemetery
 18. (a) Signature of funeral director ALBERT UNDT CO
 (b) Address 2726 Lucas Ave
 19. (a) AUG 12 1941 (Date received local registrar)
J. W. Johnson (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 6
 year 1941 hour 7:55 minute P M.
 21. I hereby certify that I attended the deceased from August 6, 1941 to August 8, 1941;
 that I last saw him alive on August 8, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Glomerular Nephritis Abt 2 yrs
Generalized Anasarca, Ascites,
and Cardiac Decompensation, Azotemia

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) (e) Means of injury
 23. Signature J. W. Johnson (M. D. or other)
 Address 2601 Whittier Date signed 8-9-41

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 *Arthur L. Hilliard*

Licensed Embalmer No. *4231*

P. O. Address. *2649 Delmar*

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.