No. 2
-1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33188

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8142

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days)
In this community 60 years

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. 2114 Carr (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John East Jr.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma East
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased January 16, 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	8	23	hr. min.

9. Birthplace Unknown (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER 12. Name John East
FATHER 13. Birthplace ? (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name Marrah ?
MOTHER 15. Birthplace ? (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Emma East
(b) Address 2114 Carr Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin Avenue
19. (a) OCT 13 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9, 1941 year hour 4 minute 00 P. M.
21. I hereby certify that I attended the deceased from Sept. 20, 1941, 19..., to October 9, 1941; that I last saw him alive on October 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-Renal Disease Prob.	10 years
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. W. Johnson (M. D. or other) 0
Address 2601 N. Whittier Date signed 10-10-41

(Licensed Embalmer's Statement on Reverse Side)

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.