

DEC 22 1941 791
Registration District No.

Primary Registration District No.

State File No.

Registrar's No. 9429

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 Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day 2 hours
(Specify whether
In this community 14 years
years, months or days)

3. (a) PRINT FULL NAME William Skelton

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Priscilla 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Unavailable 1875
(Month) (Day) (Year)

8. AGE: Years Abt 65 Months Days If less than one day hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business.....

12. Name Jacob Skelton

13. Birthplace Knoxville, Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Parolee

15. Birthplace Stoddard County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Priscilla Skelton

(b) Address 3975 Enright Avenue

17. (a) Burial (b) Date thereof 11/28/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Chas. J. Bates

(b) Address 4107 Finney Avenue

19. (a) 11-27-41 (b) J. T. Bruck
(Date received local registrar) (Registrar's signature)

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. 3975 Enright
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25, 1941
year..... hour..... minute 55 P. M.

21. I hereby certify that I attended the deceased from Nov. 24, 1941
19....., to Nov. 25, 1941 19.....
that I last saw him alive on November 25, 1941 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver
Duration Unk.

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) (e) Means of injury.....

23. Signature James Johnson (M. D. or other)

Address 2401 Whittier Date signed 11-26-41

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.....

..... James A. Johnson, Registered Apprentice No.....
working under my personal supervision.

Signed *James A. Johnson*
Licensed Embalmer No. 3522
P. O. Address 4107 Finney Avenue

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.