

0.2  
4-41  
17-39  
X28390

DEC 13 1941

Registration District No. *79*

Primary Registration District No. *200*

Registrar's No. *2476*

1. PLACE OF DEATH

(a) County *St. Louis*  
(b) City or town *K. O. C. H.*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: *Robert Koch Hospital*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution *98 days*  
In this community *22 years*  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *St. Louis* *O.C.C.*  
(c) City or town *St. Louis*  
(If outside city or town limits, write "RURAL")  
(d) Street No. *23 Washington Terrace 1*  
(If rural, give location)  
(e) Citizen of foreign country? *No* (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *December* day *5*  
year *1941* hour *7* minute *05* A.M.  
21. I hereby certify that I attended the deceased from: *August 29*, 1941, to *December 5*, 1941,  
and that death occurred on the date and hour stated above.

that I last saw him alive on *December 4*, 1941,  
and that death occurred on the date and hour stated above.  
Immediate cause of death: *Pulmonary tuberculosis*  
Due to: *1761*  
Due to: *1761*  
Other conditions: (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations  
Of autopsy: *Pulmonary and gastro-intestinal tuberculosis*

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 *Frank U. Stanley* (M. D. or other) *Sub.*  
Address *Robert Koch Hospital* Date signed *12.6.41*

3. (a) PRINT FULL NAME

*William Arthur Booker*

3. (b) If veteran, name war

3. (c) Social Security No. *Not RECORDED*

4. Sex *male* 5. Color or race *Negro*

6. (a) Single, widowed, married, divorced *divorced*

6. (b) Name of husband or wife *Mable Purd*

6. (c) Age of husband or wife if alive *18* years

7. Birth date of deceased *September 18, 1889*  
(Month) (Day) (Year)

8. AGE: Years *52* Months *2* Days *17*  
If less than one day hr. min.

9. Birthplace *Marshall Mo. D*  
(City, town, or county) (State or foreign country)

10. Usual occupation *Lawyer*

11. Industry or business

12. Name *David Booker*

13. Birthplace *Marshall Mo. D*  
(City, town, or county) (State or foreign country)

14. Maiden name *Mable Cantel Field*

15. Birthplace *Marshall Mo. D*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Hospital Record*

(b) Address

17. (a) *Marshall* (b) Date thereof *Dec 8, 1941*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Marshall Mo*

18. (a) Signature of funeral director *F. F. Ferguson*

(b) Address *St. Louis*

19. (a) *DEC 8 1941* (b) *C. H. McFarland*  
(Date received local registrar) (Registrar's signature)

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

MAY 6 1947

---

---

**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..... *F. D. Ferguson*.....  
Licensed Embalmer No. *2172*.....  
P. O. Address *Delaware*.....

**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.**