

ED. JAN 24 1942 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town. **339 N. Taylor Ave, St. Louis,**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
*Announced dead Homer Phillips*  
(If not in hospital or institution, write street number or location) *Hagg*  
(d) Length of stay: In hospital or institution.....  
In this community. **38 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri.** (b) County.....  
(c) City or town. **St. Louis,** (If outside city or town limits, write "RURAL")  
(d) Street No. **339 N. Taylor, Ave.,** (If rural, give location)  
(e) Citizen of foreign country? **U.S. OF A.** (Yes or No)  
If yes, name country.....

3. (a) PRINT **Theodore Moppins,**  
FULL NAME

3. (b) If veteran, **none,** name war.....  
3. (c) Social Security No.....

4. Sex. **Male**  
5. Color or race **Colored**  
6. (a) Single, **widowed, married,** divorced **Widower**  
6. (b) Name of husband or wife.....  
**Sadie Moppins, deceased,** alive..... years  
7. Birth date of deceased. **May 5th** **1903.**  
(Month) (Day) (Year)

8. AGE: Years **38** Months **8** Days **4**  
If less than one day  
..... hr. .... min.

9. Birthplace. **Wellston, St. Louis County, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation. **Laborer,**

11. Industry or business. **Hotel,**

MOTHER FATHER  
12. Name. **Albert Moppins,**  
13. Birthplace. **St. Louis, Missouri.**  
(City, town, or county) (State or foreign country)  
14. Maiden name. **Tissie Smith,**  
15. Birthplace. **St. Louis, Missouri.**  
(City, town, or county) (State or foreign country)

16. (a) Informant.....  
(b) Address. **6808 Wells Ave, Wellston, Mo.**

17. (a) **Burial** (b) Date thereof **12/13/41.**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. **Greenwood Cemetery.**

18. (a) Signature of funeral director. **R. S. Houston**  
(b) Address. **2812 Thomas, St.**

19. (a) **DEC 13 1941** (b) **J. P. Bredeek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **9th,**  
year **1941.** hour **Found, 5:30** minute **A.** M.

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.....  
**Coronary Occlusion (Sclerosis)**  
**Chronic Myocarditis**  
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 **Alfred Sherman** M. D. or other.....  
Address **Alfred Sherman** Date signed **12/13/41**

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

**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.....

**Myself**

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....



..... Licensed Embalmer No. **2266**.....

..... P. O. Address **St. Louis, Mo.**.....

**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.**