

JAN 24 1942
Registration District No.

791

Primary Registration District No.

1003

Registrar's No. 10251

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

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 2 days
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17 9
(d) Street No. 2940 Cass (If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 23,
year 1941 hour 3 minute 45 A. M.
21. I hereby certify that I attended the deceased from Dec. 21, 1941 to Dec. 23, 1941
that I last saw him alive on December 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Duration

Bronchopneumonia - Primary Cause 8 days

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.

3. (a) PRINT FULL NAME Jerry Gill

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

4. Sex Male 5. Color or race Colored 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 August 4, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 19 ..hr.min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business.....

12. Name Alonzo Gill

13. Birthplace Trenton, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mossie Ellis

15. Birthplace Trenton, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mossie Gill
(b) Address 2940 Cass Ave.

17. (a) (b) Date thereof Dec. 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director W. S. Moore
(b) Address 3100 Franklin

19. (a) Dec 23 1941 (b) J. W. Bredeek
(Date received local registrar) (Registrar's signature)

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

23. Signature D. S. Moore (M. D. or other)
Address 2601 N. Whittier Date signed 12-24-41

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.

X Signed *Jodie Pettus*
Licensed Embalmer No. *4484*
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.