

FILED JUL 28 1942 91

Primary Registration District No. **1003**

Registrar's No. **6160**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**En Route to City Hospital #1 3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **California** (b) County **999**  
(c) City or town **Hollywood** **4 NR**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1317 Highland Ave**  
(If rural, give location)  
(e) City of foreign country? \_\_\_\_\_ (Yes or No)  
**No Attending Physician**

3. (a) PRINT FULL NAME **Yogi Wassan Singh**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **17th** day **July**  
year **1942** hour **3:30** minute **P** M.

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

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

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

Immediate cause of death

6. (b) Name of husband or wife **Elsie Singh** 6. (c) Age of husband or wife if alive **36** years

**Chronic Myocarditis**  
**Chronic Nephritis**

7. Birth date of deceased **April 2 1882**  
(Month) (Day) (Year)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**60** **3** **15** hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **India** **7**  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation **Lecturer**

22. If death was due to external causes, fill in the following:

11. Industry or business \_\_\_\_\_

(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? \_\_\_\_\_

12. Name **Unknown**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

13. Birthplace **Unknown India** **7**  
(City, town, or county) (State or foreign country)

23. Signature **Thomas F Callonera** (M. D. or other) \_\_\_\_\_  
Address **Deputy Coroner** Date signed **7/24/42**

14. Maiden name **Unknown**

15. Birthplace **Unknown India** **7**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Elsie Singh**

(b) Address **1317 N. Highland Av Hollywood Cal**

17. (a) **Cremation** (b) Date thereof **July 22 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **Petz Brothers**

(b) Address **3029 Lafayette Ave**

19. (a) **7/21 1942** (b) **J. F. Bredick**  
(Date received local registrar) (Registrar's signature)

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

12  
20  
17  
9

MOTHER FATHER

843

**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 Frank J. Owens

Licensed Embalmer No. 3245

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.**