U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25687

FILED SEP 1 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7025

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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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 13 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 0 11
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 4204 W. Page (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Booker

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex Male 9

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Wife Clara Booker

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased August (Month) 8, (Day) 1901 (Year)

8. AGE: Years 41 Months 0 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county) Virginia 1 (State or foreign country)

10. Usual occupation Minister

11. Industry or business

MOTHER FATHER

12. Name George Booker

13. Birthplace (City, town, or county) Virginia 1 (State or foreign country)

MOTHER

14. Maiden name Katie Miller

15. Birthplace (City, town, or county) Virginia 1 (State or foreign country)

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8 22 42 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond Virginia

18. (a) Signature of funeral director Boyd Bros Funeral Home
(b) Address 3704 Finney Ave. St. Louis

19. (a) AUG 21 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18, year 1942 hour 9 minute 55 P. M.

21. I hereby certify that I attended the deceased from August 13, 1942 to August 18, 1942 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ca. Colon with Generalized Metastasis	18 mos.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. Williams (M. D. or other)
Address 2601 Whittier Date signed 8/19/42

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(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 16 Nov 29/14

P. O. Address Richmond Virginia

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.