

S. No. 2
M-542
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35501

State File No.

9195

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
HOMER G PHILLIPS D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 hrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 2769 Chouteau
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME CHARLES HOWELL

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1st
year 1942 hour 4:40 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.

4. Sex MALE 5. Color or race Col

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 18 1941
(Month) (Day) (Year)

Immediate cause of death Second & Third Degree Burns of Body suffered in Fire at the home Due to 2769 Chouteau ave on Oct 31 1942 about 2:45 PM. Cause and Manner of same could not be determined.

Due to 2769 Chouteau ave on Oct 31 1942 about 2:45 PM. Cause and Manner of same could not be determined.

Other conditions (Include pregnancy if less than 3 months of death)
Contents of Building \$2.00.00

8. AGE: Years 1 Months 0 Days 13
If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name RYBEN HOWELL

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

14. Maiden name Clothfield Hatfield

15. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

16. (a) Informant Clothfield Hatfield

(b) Address 3769 Chouteau

17. (a) and (b) Date thereof 11-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Watson

(b) Address NOV 27 1942

19. (a) NOV 27 1942 (b) J. F. Watson
(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) Open Verdict

(b) Date of occurrence 10/31/42

(c) Where did injury occur? St. Louis MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

While at work? (Specify type of place)

(e) Means of injury

23. Signature Thomas F. Callahan (M. D. or other) 3
Address Deputy Coroner Date signed 11/4/42

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

MOTHER FATHER

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..... *S J Watson*

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.