

FEB 4 1943

318

Registration District No. _____
Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Homer G. Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **24 days** (Specify whether
In this community **25 years** 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. **2022 Chestnut** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Fred Douglas**

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Unknown** (Month) (Day) (Year)

8. AGE: Years **About 67** Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation **Nil**

11. Industry or business _____

12. Name **Thomas Douglas**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Harley Smith**

(b) Address **2601 N. Whittier**

17. (a) Anatomical Report **1-5-43** (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation **St Louis**

18. (a) Signature of funeral director **W. R. ...**

(b) Address **3500 Rutledge**

19. (a) **JAN 29 1943** (b) **J. F. Bredeck** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December**, 31, year **1942** hour **3** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **December 7,** 1942, to **December 31,** 1942; that I last saw him alive on **December 31,** 1942; and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease Old Hemiplegia (rt)**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 **J. F. Bredeck** (M. D. or other) Address **2601 Whittier** Date signed **1/2/43**

Duration
Unk.
Unk.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.