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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4089**
Registrar's No. **2111**

FILED MAR 15 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

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 904 N. 23rd St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community abt. 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 123
(If outside city or town limits, write "RURAL") 921

(d) Street No. 904 N. 23rd
(If rural, give location)

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

3. (a) PRINT FULL NAME King Day Jr.

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3,
year 1943 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from January
13, 1943, to March 3, 1943
that I last saw him alive on March 3, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race Negro

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

6. (b) Name of husband or wife Rosie Day 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug. 6 1879
(Month) (Day) (Year)

Immediate cause of death Hypertensive Heart Disease Duration Unk.

Due to _____

Due to _____

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

8. AGE: Years 63 Months 6 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business _____

12. Name King Day

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

14. Maiden name unknown

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

16. (a) Informant Rosie Day

(b) Address 904 N. 23rd St.

17. (a) Burial (b) Date thereof 3-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Atkins Bros. W.C.

(b) Address 3644 Fenner Ave.

19. (a) MAR 5 1943 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature D. Nassel (M. D. or other) _____
Address 2601 Whittier Date signed 3/4/43

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.....

Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address. 3644 Finney Ave

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.