

7. S. No. 2
DOM-5-42
Rev. 5-17-39
I X32873

8899

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED MAR 20 1943 818

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 2373

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 Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 mos. 13 days
(Specify whether
In this community _____ 23 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. 2328 Eugenia
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Washington

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month March day 9,
year 1943 hour 8 minute 15 A.M.

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced, Single
(b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. May 6 1906
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 24, 1943 to March 9, 1943;
that I last saw h. in alive on March 9, 1943;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
36 10 3 _____ hr. _____ min.

Immediate cause of death. Stomach, Ca. (autopsy)
Pyelonephrosis, rt. (autopsy)

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

Due to _____
Due to _____
Other conditions. H/O
(Include pregnancy within 3 months of death)

10. Usual occupation. Porter

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business. Laundry

MOTHER FATHER } 12. Name. John Washington
13. Birthplace. Ark 1
(City, town, or county) (State or foreign country)

14. Maiden name. FASSIE Turner
15. Birthplace. Ark 1
(City, town, or county) (State or foreign country)

16. (a) Informant. Maime McClure
(b) Address. 2328 Eugenia St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 3-15-43
(Month) (Day) (Year)

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?

18. (a) Signature of funeral director. Atkins Bros
(b) Address. 3644 Eugenia Ave
19. (a) MAR 11 1943 (Date received local registrar) J. J. Bredeck (Registrar's signature)

23. Signature. S. E. Smith (M. D. or other) _____
Address. 3601 Whittier Date signed 3/10/43

842 (Licensed Embalmer's Statement on Reverse Side)

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

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

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 J. Atkins*

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney*

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.