S. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 18 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 15807

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4306

**1. PLACE OF DEATH:**

(a) County ST Louis MO

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

(c) Name of hospital or institution: Homer Phillip Hos. D (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Hours (Specify whether In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") V17

(d) Street No. 1408 N Jefferson (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Moses Abron

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col 1

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

6. (b) Name of husband or wife Margret Aborn

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased 6 (Month) 17 (Day) 1885 (Year)

8. AGE: Years 57 Months 10 Days 18 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Porter

FATHER
12. Name UNKNOWN 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jones
15. Birthplace Birmingham (City, town, or county) Ala 1 (State or foreign country)

16. (a) Informant Corinie Abron Brown

(b) Address 2628 Delmar Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Ellis Fun Home

(b) Address 2820 Stoddard St

19. (a) MAY 18 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 6 year 1943 hour 2 minute 35 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.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 3

23. Signature Thomas F Callaway (M.D. or other)

Address Deputy Coroner Date signed 5-6-43

(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 L Boyla, Registered Apprentice No. M, working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

**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.**