

**FILED JUL 8 1943 18**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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:  
St. Louis City Hospital #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 \_\_\_\_\_  
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. 3800 Delmar Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ralph George Washburn

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

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

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

7. Birth date of deceased November 22 1921  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
21 7 2 hr. min.

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

10. Usual occupation Maintenance man

11. Industry or business Carnival shows

12. Name Nelson James Washburn

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

14. Maiden name Maude Fitch  
15. Birthplace Puxico Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Nelson Washburn, Jr

(b) Address 8th & Park Avenues

17. (a) Removal (b) Date thereof 6/26/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Truman, Arkansas

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) JUN 26 1943 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1943 hour 7 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Metastatic tumor of subdural hemorrhage of Brain following injuries received when he was struck on the head by a 4 x 4 while disassembling a ferris wheel at Poplar Bluff Missouri.

Other conditions April 15 - 1943  
(Include pregnancy within 3 months of death)

Exact time unknown

Major findings: Of operations \_\_\_\_\_

Of autopsy 1943

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) Accident 128

(b) Date of occurrence April 15 - 1943

(c) Where did injury occur Poplar Bluff Mo  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_ (e) Means of injury ?

Signature Thomas F. Callender (M.D. or other)

Address Deputy Coroner Date signed 6-26-43

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

**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.....

*Albert G. Kapp*

Licensed Embalmer No..... 2971

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.**