

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23501

55 AUG 8 1943
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 6672

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 2 days
In this community 15 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 13
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2324 Carr
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jim Singleton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 18,
year 1943 hour _____ minute 40 A. M.
21. I hereby certify that I attended the deceased from June 16,
1943 to July 18, 1943
that I last saw him alive on July 18, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eddie 6. (c) Age of husband or wife If alive _____ years
7. Birth date of deceased May 20th 1905
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis!
Due to _____
Due to _____
Other conditions (Includes pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years 38 Months 1 Days 28
If less than one day _____ hr. _____ min.

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

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

10. Usual occupation Janitor

11. Industry or business _____

MOTHER FATHER
12. Name Jim Singleton
13. Birthplace unk Ky
(City, town, or county) (State or foreign country)
14. Maiden name Annise Williams
15. Birthplace unk Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Robinson
(b) Address 1125th N. 25th Street

17. (a) Burial (b) Date thereof 7-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. B. Redden
(b) Address 3133 Bell Ave

19. (a) III 23 1012 (b) J. F. Bredech
(Date received local registrar) (Registrar's signature)

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 Alvin M. Osce (M. D. or other) _____
Address Boonville, Mo. Date signed 7/19/43

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: *S. J. Garton*

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.