

FILED SEP 11 1943

State File No. _____

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 2881

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 11 days
In this community Life
(Specify whether 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. 2344 Pine
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kerby Samuels
3. (b) If veteran, name war None
3. (c) Social Security No. _____

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

8. AGE: Years Months Days If less than one day
About 63 hr. min.

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

10. Usual occupation Clerk

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Marion Rollins

(b) Address 2344 Pine st

17. (a) Burial (b) Date thereof Aug 27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director W. J. Hughes
(b) Address 2620 Lawton

19. (a) AUG 27 1943 (b) J. J. Bredest
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 22,
year 1943 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from August 11, 1943 to August 22, 1943;
that I last saw him alive on August 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Meningitis, Simple
Recurrent brain Abscess
Due to Cause, " " unknown

Duration
Indef.
Indef.

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN
g/a
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 G. M. Jackson (M. D. or other)
Address 2601 W. Butler Date signed 8/23/43

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P.O. Address St. James

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.