

FILED DEC 29 1943

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(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 4 Hrs. 6 Min.
(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. 910 N. Leonard Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Erissie Bobo

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced 0

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

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

7. Birth date of deceased: 11 11 43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 hr. 6 min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name Erissie Bobo

13. Birthplace Coahoma, Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Lottie Mae Burton

15. Birthplace Tylertown, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur M. Sherard, R.R.L.

(b) Address 2601 N. Whittier

17. (a) Burial (b) Date thereof DEC 16 1943
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director H. Merschman

(b) Address City of St. Louis

19. (a) DEC 15 1943
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11
year 1943 hour 2 minute 50 p.m.

21. I hereby certify that I attended the deceased from November 11, 1943 to November 11, 1943; that I last saw him alive on 11-11-43, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity

Due to.....

Due to.....

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?.....

23. Signature H. W. ... (Specify type of place) (a) Means of injury.....
Address 2601 N. Whittier St. Date signed 12-15-43

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.....

Licensed Embalmer No.....

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.