

FILED DEC 22 1943

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10872

1. PLACE OF DEATH:

(a) County.....
(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 27 hours
In this community 6 yrstd
(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. 400 So. Garrison
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Hollywood Connor

3. (b) If veteran, name war..... 3. (c) Social Security No. unk

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah Comer 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased June 3- 1906
(Month) (Day) (Year)

8. AGE: Years 37 Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation Labour

11. Industry or business Foundry

12. Name James Comer

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

14. Maiden name Unknown

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

16. (a) Informant Sarah Comer

(b) Address 400 So. Garrison Ave

17. (a) Burial (b) Date thereof: 12-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney Ave

19. (a) DEC 9 1943 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4,
year 1943 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from December 3,
1943 to December 4,
1943
that I last saw him im alive on December 4,
1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia (autopsy) Duration 5 days

Due to Lung Abscess (autopsy) Prob. 6 weeks

Due to.....
Other conditions.....
(include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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 J. E. Smith (M. D. or other)
Address Ho. Whittier Date signed 12/11/43

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

MOTHER FATHER

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.....

Louis V. Atkins

..... 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.