

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

FILED JAN 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39857
Registrar's No. 14170

Registration District No. 318

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County... St. Louis
(b) City or town... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution... Home B. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 0
In this community... 0
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State... MO (b) County... 100
(c) City or town... St. Louis 1725
(If outside city or town limits, write "RURAL")
(d) Street No... 1327 Cole St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME... John Turner
(b) If veteran, name war...
(c) Social Security No... 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month dec day 8th
year 1944 hour 2 minute 00 A.M.
21. I hereby certify that I attended the deceased from...
19... to... 19...
that I last saw h... alive on... 19...
and that death occurred on the date and hour stated above.

4. Sex... Male 5. Color or race... Black
6. (a) Single, widowed, married, divorced... Widowed
6. (c) Age of husband or wife if alive... 1869 years
7. Birth date of deceased... Oct (Month) 1869 (Year)

Immediate cause of death... Lobar Pneumonia Primary
Due to...
Due to... 100
Other conditions...
(Include pregnancy within 3 months of death)

8. AGE: Years 75 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business... retired

12. Name... retired

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

14. Maiden name... retired

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

16. (a) Informant... Thomas T. Callahan

(b) Address... 300 Clark

17. (a) Anatomical Board (b) Date thereof... 12-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... St. Louis

18. (a) Signature of funeral director... W. Richter

(b) Address... 3700 Rutland

19. (a) DEC 29 1944 (b) J. F. Meech
(Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (c) Means of injury...

23. Signature... Alfred Perry (M. D. or other)

Address... St. Louis Date signed... 12/26/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.