

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution **3 days**
In this community **50 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis,**
(d) Street No. **2621 Franklin**
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **Nathan Fair**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **13,**
year **1945** hour **10** minute **15 A. M.**

4. Sex **Male** 2 5. Color or race **Col**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Vinnie Fair** 6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **March 17 1890**

21. I hereby certify that I attended the deceased from **February 10,** 19 **45.** **February 13,** 19 **45**
that I last saw h. **im** alive on **February 13,** 19 **45;**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	54	11	3	hr. _____ min. _____

Immediate cause of death
Left Lobar Pneumonia Duration **3 days**

9. Birthplace **Little Rock Ark. 1**
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation **Laborer**
11. Industry or business **Scullin Steel Co.**

Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name **Frank Fair**
13. Birthplace **Little Rock Ark. 1**
14. Maiden name **Nancy Dupree**
15. Birthplace **Little Rock Ark. 1**

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

16. (a) Informant **Leo Fair**
(b) Address **2909 Madison Ave**
17. (a) **Removal** (b) Date thereof _____
(c) Place: burial or cremation **Little Rock Ark**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **Ellis Funeral Home**
(b) Address **2820 Stoddard St**
19. (a) **FEB 16 1945** (b) _____
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **B. F. Murphy** (M. D. or other) _____
Address **2612 W. Chestnut** Date signed **2/14/45**

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 L. Boylan

Registered Apprentice No. M

working under my personal supervision.

Signed Lennie Boylan

Licensed Embalmer No. 2946

P. O. Address St. Louis mo

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.