

S. No. 2
DM-5-43
v. 5-17-39
I X38671

FILED FEB 13 1946
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St Louis mo
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1806 Pine St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 11- months (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. 1441 1/2 North 16th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BENNIE STAMPS
3. (b) If veteran, name war _____
3. (c) Social Security No. 580676

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 26
year 1945 hour 10:35 minute A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.
that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

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

Immediate cause of death Inhalation of Chlorinated Hydrocarbon; when he collapsed while at work at the Century Electric Co. Due to 1827 Pine St., around 10:35 A.M. Dec. 26, 1945.

8. AGE: Years Months Days If less than one day
abt 26 hr. min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Miss 1 (City, town, or county) (State or foreign country)
10. Usual occupation Common Labor
11. Industry or business Century Electric
12. Name unknown
13. Birthplace Miss 1 (City, town, or county) (State or foreign country)
14. Maiden name Alice Echale (City, town, or county) (State or foreign country)
15. Birthplace Miss 1 (City, town, or county) (State or foreign country)

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

16. (a) Informant Ophelia Rand Stamps
(b) Address 1441 1/2 North 16th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-46 (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) JAN 2 1946 (Date received local registrar) (b) J. F. Bredet (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Dec. 26, 1945
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Industrial Place
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Alfred J. Perry (M. D. or other)
Address _____ Date signed 1/27/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
100871

OCT 18 1946

MAR 22 1946

FEB 18 1946

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. *2842*

P. O. Address *3644 Finney Ave*

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.