

FILED AUG 20 1946

State File No. _____
Registrar's No. 6804

Registration District No. 318 Primary Registration District No. 1003

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether _____)

In this community 24 yrs
(years, months or days)

3. (a) PRINT FULL NAME Edward Bartee

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

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced unknown

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 3 17 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation unknown

11. Industry or business _____

MOTHER, FATHER

12. Name unknown 9

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

14. Maiden name 9

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

16. (a) Informant Edw. Bell m.d.

(b) Address 2901 Oakdale

17. (a) Burial (b) Date thereof 8-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation oakdale

18. (a) Signature of funeral director J.H. Harrison

(b) Address 2906 Lawton Blvd

19. (a) AUG 3 1946 J.H. Bredbeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County oac

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 211

(d) Street No. 2936 Lawton
(If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1946 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 21, 19 46 August 1, 19 46
that I last saw him alive on August 1, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death
Amebic Dysentery with Prob Amebic Abscesses of the Liver

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 27

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature E.B. Williams (M.D. _____)
Address 2601 N Whittier St Date signed 8-3-46

Duration

Unk

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FILED 1950

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 Arthur L. Holliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard 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.