

FILED SEP 9 1948

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 7470

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 251
(If outside city or town limits, write "RURAL")
(d) Street No. 2908 Pine St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Times

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

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

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: abt - Years 60 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant G. Hardiman

(b) Address 2601 N. Whitney

17. (a) Anatomical Board Date thereof 8-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. Lewis

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

(b) Address _____

19. (a) Aug 29 1948 (b) J. F. Brubaker
(This certificate valid 1948) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7
year 1946 hour 8 minute 10 A M.

21. I hereby certify that I attended the deceased from Aug. 6 19 46 to Aug. 7 19 46; that I last saw him alive on August 7 19 46; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus with Metastasis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy None

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 E. B. Williams (M. D. or other) _____

Address 2601 N. Whitney Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

OCT 11 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.....

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.