

No. 2
5-43
17-39
X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 23 1946

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **42732**
Registrar's No. **10869**

Registration District No. **318** Primary Registration District No. _____

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 **7 Days** (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**
(If outside city or town limits, write "RURAL" _____
(d) Street No. **2836a Bell** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **12** day **13**
year **1946** hour **12** minute **noon** M.
21. I hereby certify that I attended the deceased from 9:01 A. M. 12-6 1946 to 12 Noon 12-13, 1946;
that I last saw him alive on **12-13**, 1946;
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 _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **12 6 46**
(Month) (Day) (Year)

Immediate cause of death **Prematurity**
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years _____ Months _____ Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name **George Midcalf**
13. Birthplace **West Point Mississippi**
(City, town, or county) (State or foreign country)
14. Maiden name **Odessa Weatherspoon**
15. Birthplace **West Point Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur M. Sheward R.R. 2**
(b) Address **2601 N. Whittier Street**

17. (a) **Burial** **(b) Date thereof** **DEC 19 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
CITY CEMETERY
(c) Place: burial or cremation _____

18. (a) Signature of funeral director **V. B. Hudson**
(b) Address **City Health Dept**

19. (a) **DEC 19 1946** **J. F. Breneck**
(Date received local registrar) (Registrar's signature)

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? **0** (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 **W. H. Simber** (M. D. or other) _____
Address **2601 N. Whittier** **Date signed** **12-16**

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

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

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.