

No. 2  
12-45  
17-39  
X47070

**FILED JAN 23 1947 318**

Primary Registration District No. **1003**

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

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 18 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4353 Aldine  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7  
year 1947 hour 12 minute 30 P. M.  
21. I hereby certify that I attended the deceased from 12-20 19 46 to 1-7 19 47  
that I last saw him in alive on January 7 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Heart - Hypertrophy 18 mos  
Arteriosclerosis generalized  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions None  
(Include pregnancy within 3 months of death)

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Yes

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)  
(c) Means of injury \_\_\_\_\_  
23. Signature G. B. Williams (M.D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed 1/8/47

3. (a) PRINT FULL NAME Judge Simpson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased Dec. 7 1876  
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant E. Phelan Boyd

(b) Address 3704 Finney Ave

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Boyd Bros. Funeral Home

(b) Address 3704 Finney Ave  
19. (a) JAN 11 1947 (b) J. F. Brebeck (Registrar's signature)

**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

*Lawrence E. Woodson*

Licensed Embalmer No.

*4341*

P. O. Address

*St. Louis 13 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.