

318

Primary Registration District No. _____

1003

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 **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
20 yrs. (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Frank Dilworth

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie Dilworth

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 10 1857
(Month) (Day) (Year)

8. AGE: Years 90 Months 10 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name unknown

{ 13. Birthplace _____

{ 14. Maiden name unknown

{ 15. Birthplace _____

16. (a) Informant Annie Dilworth

(b) Address 3326 Hickory St.

17. (a) Burial (b) Date thereof 7 2 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem.

18. (a) Signature of funeral director Manuel

(b) Address 4059 Finney Ave.

19. (a) JUL 1 1948 (b) J. F. Braddock
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3326 Hickory
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1948 hour 3 minute 30 p. m.

21. I hereby certify that I attended the deceased from June 23, 1948, to June 25, 1948;

that I last saw him alive on June 25, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio-vascular Disease

Duration Undet.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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) _____ (Specify means of injury)

23. Signature Osley L Daniels (M. D. or other) _____

Address 2601 N. Hittier Date signed 6/28/48

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 H. Claude Gordo

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.