

FEDERAL BUREAU OF INVESTIGATION
 STANDARD CERTIFICATE OF DEATH

State File No. 21425

5278

FILED JUN 21 1948

Registration District No. 318

Primary Registration District No. 100

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
EnRouted to H. G. Phillips 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 6Yrs.
 years, months or days)

3. (a) PRINT FULL NAME James Vernall3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Colored
 6. (a) Single, widowed, married
 divorced
 6. (b) Name of husband or wife Annie Vernall
 6. (c) Age of husband or wife if
 alive 60 years
 7. Birth date of deceased April 5th 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 29 hr. min.

9. Birthplace Nashville Arkansas
(City, town, or county) (State or foreign country)10. Usual occupation Laborer11. Industry or business Hawthorn Coal Co.

12. Name James Vernall, Sr.
 13. Birthplace Unknown Ark.
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Hendrick
 15. Birthplace Unknown Ark.
 (City, town, or county) (State or foreign country)

16. (a) Informant Annie Vernall (Wife)(b) Address 3033a Franklin Avenue17. (a) Burial (b) Date thereof 6-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenwood Cemetery18. (a) Signature of funeral director Peoples Und. Co.(b) Address 3100 Franklin Avenue19. (a) JUN 9 1948 (b) J. F. Braseck
(Date received local registrar) (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. 3033a Franklin Avenue
21 (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 4
year 1948 hour 7 minute 57 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic pyelonephritis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)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)
Means of injury _____23. Signature W. H. Perry (M.D. or other) _____Address St. Louis Date signed 6/11/48

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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 *J. M. Cheen*

Licensed Embalmer No. *1173*

P. O. Address *3517 Saulede*

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.