

FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41410

State File No. \_\_\_\_\_

Registrar's No. 10985

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County None  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G. Phillips Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County None  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4107 Finney Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th,  
year 1948 hour 1 minute 45 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: Tuberculosis Pneumonia  
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? \_\_\_\_\_

23. Signature: Patrick C Taylor (M. D. or other) \_\_\_\_\_  
Address: 1300 Clark Avenue Date signed: 12-20-48

3. (a) PRINT FULL NAME DOUGLASS, Marion

3. (b) If veteran, name war WW-2 3. (c) Social Security No. unk

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

6. (b) Name of husband or wife Mildred 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased: June 6th, 1911  
(Month) (Day) (Year)

8. AGE: Years 37 Months 6 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Saint Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Bootblack

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

12. Name Clarence Douglas

13. Birthplace Saint Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lamb

15. Birthplace Saint Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Marietta Douglas

(b) Address 932 N. Newstead Avenue

17. (a) Burial (b) Date thereof 12/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107-09 Finney Avenue

19. (a) DEC 20 1948 (b) J. B. Fawcett  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

JAN 13 1948

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.....

*Paul J. Freeman*

Registered Apprentice No. 276

working under my personal supervision.

Signed *John K. Cunningham*

Licensed Embalmer No. 4476

P. O. Address. 4107 Finney Avenue

**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.**