

FILED JAN 26 1951

STANDARD CERTIFICATE OF DEATH

3125

318

1003

State File No. _____

457

Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY											
b. CITY (If outside corporate limits, write RURAL and give township) City of St. Louis		c. LENGTH OF STAY (In this place) 12-30-47/1-2-51		c. CITY (If outside corporate limits, write RURAL and give township) City of St. Louis		2139									
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary				d. STREET ADDRESS (If rural, give location) 13 5800 Arsenal St. 0											
3. NAME OF DECEASED (Type or Print) a. (First) Jake			b. (Middle)			c. (Last) Washington			4. DATE OF DEATH (Month) (Day) (Year) 1- 12-1951.						
5. SEX Male 2		6. COLOR OR RACE Color		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH April 2, 1986		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 1 MO. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Memphis Tenn. 1				12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME Joe Washington				13b. MOTHER'S MAIDEN NAME unk.				14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME City Infirmary Records						ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED ARTERIOSCLEROSIS HYPERTENSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1947 PLUS. DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH					
		2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								447X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H 2											
22. I hereby certify that I attended the deceased from 12-30, 19 47 to 1-12-19 51, that I last saw the deceased alive on 1-12-51, 19, and that death occurred at 3.00a m., from the causes and on the date stated above.															
23a. SIGNATURE Robert Eugene Bowdish M.D.				(Degree or title)				23b. ADDRESS 5800 Arsenal St.				23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan 18, 1951		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.									
DATE REC'D BY LOCAL REG. JAN 16 1951				REGISTRAR'S SIGNATURE J. B. Pasater				25. FUNERAL DIRECTOR'S SIGNATURE English Und. Co. - 2931 Lucas Ave.				ADDRESS			

WRITE PLAINLY—USING 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

.....
working under my personal supervision.

Student Embalmer No.

Signed

Bulson English

Signed.....
Student Embalmer

Licensed Embalmer No. *4208*

P. O. Address *2931 Lucas Ave*

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.