No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33252

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8207

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

(d) Length of stay: In hospital or institution 9 days (Specify whether

In this community 3 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17 6 6 5

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

(d) Street No. 5537 Cates Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Cora Shockley

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex 7 3

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 8 (Month) 4 (Day) 1888 (Year)

8. AGE: Years 53 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Searcy (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation House Work

11. Industry or business None

MOTHER FATHER
12. Name John Akinckerson
13. Birthplace (City, town, or county) Ark 1 (State or foreign country)

MOTHER FATHER
14. Maiden name Tennis Kendely
15. Birthplace (City, town, or county) Ark 1 (State or foreign country)

16. (a) Informant Rose Martin
(b) Address 5537 Cates Ave

17. (a) (Burial, cremation, or removal) (b) Date thereof 10. 16. 1941 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Allen Dyeler
(b) Address 3506 Franklin

19. (a) OCT 15 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1941 hour 2:30 PM minute M.

21. I hereby certify that I attended the deceased from Oct 2, 1941, 19, to Oct 11, 1941, that I last saw her alive on Oct 11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive Heart Disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature E. A. C. Hanns (M. D. or other)

Address 2601 Whittier St. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address .....

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.