No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7871

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1300

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:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. LClair
(c) City or town E. St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 210 So. 6th. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cordelia Ross
3. (b) If veteran, name war -
3. (c) Social Security No. -
4. Sex Female
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Ross
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased — (Month) Abt. (Day) 190 (Year)
8. AGE: Years Abt. 45 Months - Days - If less than one day hr. min.
9. Birthplace Drew, (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Frank Smothers
13. Birthplace Miss. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ann Davis
15. Birthplace Miss. (City, town, or county) (State or foreign country)
16. (a) Informant George Ross
(b) Address 210 So. 6th. St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis Tenn.
18. (a) Signature of funeral director W. M. Green
(b) Address 1318 E. Broadway
19. (a) FEB 7 1946 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4th. year 1946 hour 10:45 minute P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Lobar Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Anthony E. Taylor (M. D. or other)
Address Date signed 2/6/46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed P. P. McGreen

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede 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.