

No. 2
-12-45
-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

10999

State File No. _____

FILED MAR 28 1947

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 2619

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Clara Holton

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 Curlie Holton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 24 1897
(Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 15
If less than one day _____ hr. _____ min.

9. Birthplace Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Marshall Gaiter

13. Birthplace Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Bailey

15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Holton

(b) Address 2807 Thomas

17. (a) Removal (b) Date thereof 3-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. H. Lewis See

18. (a) Signature of funeral director E. H. Lewis

(b) Address 1318 E. Broadway

19. (a) MAR 12 1947 (b) _____
(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. 2807 Thomas
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9
year 1947 hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from 3-1 1947 to 3-9 1947;
that I last saw her alive on Mar. 9 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive Heart Disease with
Decompensation

Duration
Undet.

Due to _____

Due to _____

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature Edwin B. Williams (M. D. or other) _____

Address 2601 N Whittier Date signed 3/10/47

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

MOTHER FATHER

APR 21 1967

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 *F. M. Shier*
Licensed Embalmer No. *1173*
P. O. Address *1318 E. Edwary*

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.