

S. No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 1947
318

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

State File No. 15496
Registrar's No. 4695

Registration District No. 318 Primary Registration District No.

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
18 South Channing Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 yrs years, months or days)

3. (a) PRINT FULL NAME Emma OGGGS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Jan 2nd 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 4 3 hr. min.

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

10. Usual occupation nil

11. Industry or business _____

12. Name Emanuel Wiley
13. Birthplace New Orleans La
(City, town, or county) (State or foreign country)

14. Maiden name Elise Bass
15. Birthplace unk La
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Howell

(b) Address 18 South Channing Ave

17. (a) Burial (b) Date thereof 5-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. H. Handletson
(b) Address 3133 Bell Ave

19. (a) MAY 9 1947 (b) J. F. Beebeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 1817
(If outside city or town limits, write "RURAL")
(d) Street No. 18 South Channing Ave 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 5
year 1947 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from
Jan 1, 1947, to May 5, 1947
(that I last saw h ✓ alive on May 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart failure
Hypertension
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

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

23. Signature Will [unclear] (M. D. or other) _____
Address 2337 Manbeck Date signed 5-8-47

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

MOTHER FATHER

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 *S. J. Watson*
Licensed Embalmer No. *269 D*
P. O. Address *2769 Chouteau*

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.