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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 9 1947
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 15604
Registrar's No. 1149

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

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
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 1 mo (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3012 Lawton Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Susie Samuels
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 Louis Samuels
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased September 10, 1892 (Month) (Day) (Year)

8. AGE: Years 54 | Months 7 | Days 19 | If less than one day hr. min.

9. Birthplace Milton, Florida (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Henry Lovett
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella Orange
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Blanch Prince
(b) Address 115 N. Ewing Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director [signature]
(b) Address 1221 North Grand Blvd.
19. (a) MAY 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1947 hour 7 minute 55 A.M.
21. I hereby certify that I attended the deceased from 3-24, 1947, to 4-29, 1947; that I last saw her alive on April 29, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized Carcinomotosis	Undet.
Primary site not known	
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 of 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 Edward B Williams (M. D. or other)
Address 2601 N Whittier Date signed 4/30/47

Jefferson City Printing Co.

(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.....

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

working under my personal supervision.

Signed Eugene Miles

Licensed Embalmer No. 8623

P. O. Address 1221 - N. Grand

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.