

S. No. 2
M-1/47
ev. 5-17-39

FEDERAL BUREAU OF VITAL STATISTICS

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18620**
5481
Registrar's No.

National Office of Vital Statistics
FILED JUN 13 1947
Registration District No. **310**

Primary Registration District No. **1003**

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.....
2202 So. 12th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Missouri** (b) County..... **cc**
(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **2202 So. 12th St.** **9**
23 (If rural, give location) **0**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Sarah Ann Black**
3. (b) If veteran, name war..... **No** 3. (c) Social Security No. **None**
4. Sex..... **Female** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Widow** **2**
6. (b) Name of husband or wife..... **William C. Black** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **March 15 1864**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... **June** day **1**
year..... **1947** hour..... **7** minute..... **15** A.M.
21. I hereby certify that I attended the deceased from..... **May 28** 1947, to..... **June 1** 1947
that I last saw him alive on..... **May 31** 1947
and that death occurred on the date and hour stated above.
Duration
Immediate cause of death.....
Cardiac Thrombosis
Nephritis, Chr
Due to.....
Senile debility

8. AGE: Years Months Days If less than one day
83 2 16 hr. min.

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations..... **121**
Of autopsy.....
PHYSICIAN
Underline the cause of which death should be charged statistically.

9. Birthplace..... **Richland Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation..... **Housewife**
11. Industry or business.....
12. Name..... **James Davis**
13. Birthplace..... **Unknown** **4.**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Unknown**
15. Birthplace..... **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. A. Black**
(b) Address..... **2202 So. 12th St.**
17. (a) **Burial** (b) Date thereof..... **6-3-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Crocker, Mo.**
18. (a) Signature of funeral director..... **Albert H. Hoppe**
(b) Address..... **4700 Washington Blvd.**
19. (a) **JUN 2 1947** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)..... **no**
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (Country) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
While at work..... (Specify type of place)
Means of injury.....
23. Signature..... **L.W. Reber** (M. D. or other)
Address..... **2540 California** Date signed..... **6/2/47**

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.....

Henry W. Brammer

Licensed Embalmer No.....

4200

P. O. Address.....

St. Louis

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.