S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18623

FILED MAY 22 1947

Registration District No. 318 | Primary Registration District No. | Registrar's No. 6742

1003

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community

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. 1126 a N Jefferson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Blount
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mollie Blount
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Feb (Month) 15 (Day) 1884 (Year)

8. AGE: Years 63 | Months 2 | Days 23 | If less than one day hr. min.
9. Birthplace Sweet Water (City, town, or county) Ala. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business —
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mollie Blount
(b) Address 1126A N. Jefferson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St
19. (a) MAY 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1947 hour 8 minute 35 P. M.
21. I hereby certify that I attended the deceased from 5-7, 1947, to 5-8, 1947 that I last saw him alive on May 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal Obstruction and Pulmonary Tuberculosis	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 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 Geo B Williams (M. D. or other)
Address 2601 N. Whittier Date signed 5/9/47

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 L. Boy[illegible] ....., Registered Apprentice No. M ....., working under my personal supervision.

Signed Lonnie Boyfrin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

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.