No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 5 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18731

Primary Registration District No. 1003

Registrar's No. 5150

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 3 days (Specify whether years, months or days)

In this community 5 Yrs

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. 2928 Sheridan
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alice Darty

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Colored

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 April (Month) 8 (Day) 1890 (Year)

8. AGE: Years 57 | Months 1 | Days 12 | If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name N. Braxton

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

14. Maiden name E. Grandson

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

16. (a) Informant Harold Scott

(b) Address 2928 a Sheridan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-47 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood. Cem.

18. (a) Signature of funeral director Ellis Fun, Home

(b) Address 2820 Stoddard St.

19. (a) MAY 23 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1947 hour 7 minute 55 A. M.

21. I hereby certify that I attended the deceased from 5-17, 1947 to 5-20, 1947 that I last saw her alive on May 20, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	Undet.
Due to	
Due to	
Other conditions: Heart - Hypertrophy (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

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

23. Signature Edw B Williams (M. D. or other)

Address 2601 N Whittier Date signed

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 ..... Licensed Embalmer No. ..... 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.