No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18940

Registrar's No. 4743

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 7 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. 2948 Sheridan
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bessie Hill
3. (b) If veteran, name war —
3. (c) Social Security No. 494-28-2692
4. Sex Female
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 Oct (Month) 27 (Day) 1899 (Year)
8. AGE: Years 47 ~~49~~ Months 6 Days 13 If less than one day hr. min.
9. Birthplace Kellsaw (City, town, or county) Miss (State or foreign country)
10. Usual occupation G. Mathis Rag Co.
11. Industry or business 3100 N. Broadway
MOTHER FATHER
12. Name Henry Wilson
13. Birthplace Redwood (City, town, or county) Miss (State or foreign country)
14. Maiden name Delia ?
15. Birthplace Redwood (City, town, or county) Miss (State or foreign country)
16. (a) Informant Beulah Ross
(b) Address 2948 Sheridan Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/47 (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. Breedeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 8 year 1947 hour 8 minute xx P.M.
21. I hereby certify that I attended the deceased from 5-1- 19 47 to 5-8 19 47; that I last saw her alive on May 8 19 47; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Vascular Accident	Undet.
Left Hemiplegia	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? 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 5/9/47

Jefferson City Printing Co. 74

(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 Fulton E. Culkin

Licensed Embalmer No. 7198

P. O. Address St Louis 133

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.