No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22131

FILED JUN 30 1948

Registration District No. 918

Primary Registration District No. 1005

Registrar's No. 5988

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 (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-00
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1401 N Ninth St 9
25 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Howard Cistrunk
3. (b) If veteran, name war
3. (c) Social Security No. 427-22-17-12
4. Sex Male 2
5. Color or race Colored
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) 9 (Day) 1908 (Year)

8. AGE: Years 39 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Mashulabille Miss (City, town, or county) (State or foreign country)
10. Usual occupation Labour
11. Industry or business
FATHER
12. Name Elisha Cystrunk
13. Birthplace Mashulabille Miss (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Imo Coleman
15. Birthplace Mashulabille Miss (City, town, or county) (State or foreign country)
16. (a) Informant Lula Goodwin
(b) Address 2102 A. Biddle
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director David K Broom
(b) Address 1405 Biddle
19. (a) JUN 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 1 day 18
year 1947 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from 5 May 30, 1947 to June 18, 1947
that I last saw him alive on June 18, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease with Decompensation	Undet.
Due to	
Due to	
Other conditions Acute Pyelonephritis with Non-calculous, (Include pregnancy within 3 months of death)	Uremia

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 0
23. Signature Edw. B. Williams (M. D. or other)
Address 2601 N Whittier Date signed 6/19/47

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

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 Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.