U. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 7 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22433

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8210

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: Homer G. Phillips 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 11 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 3611 Couzen 9 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Lee Twin # 2
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 5 (Month) 9 (Day) 47 (Year)

8. AGE: Years | Months 1 | Days 11 | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) 9
10. Usual occupation 1
11. Industry or business
FATHER
12. Name Percy Lee 1
13. Birthplace (City, town, or county) Mississippi (State or foreign country)
MOTHER
14. Maiden name Mattie Ruckett
15. Birthplace Winterville (City, town, or county) Mississippi (State or foreign country)
16. (a) Informant Esther M. Sherard, R.R.
(b) Address 2601 N. Whittier
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 6-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington
18. (a) Signature of funeral director W. Lichter
(b) Address 3500 Rutger St.
19. (a) JUN 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20 year 1947 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from 10:30 P.M. 5-9- 1947 to 9:30 P.M. 1947 that I last saw her alive on 6-20- 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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) 0
While at work? (e) Means of injury
23. Signature W. G. Frankler M.D. (M. D. or other)
Address 2601 N. Whittier Date signed 6-24-47

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.