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 23 1947
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22676
Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PEOPLES 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999
(c) City or town E. St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1832 Tudor 0
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME ALICE STANDIFER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

3. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roscoe Standifer

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct. (Month) 29 (Day) 1889 (Year)

8. AGE:	Years	Months	Days	If less than one day
58		3	8	hr. min.

9. Birthplace Monroe County (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Housework

11. Industry or business At home

FATHER
12. Name Franklin McKinney 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bamber 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Roscoe Standifer
(b) Address 1832 Tudor

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6- (Month) (Day) -47 (Year)
(c) Place: burial or cremation East St. Louis Barker Washington

18. (a) Signature of funeral director C. T. Nash
(b) Address 3847 Page Boul.

19. (a) JUN 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from June June 2, 1947 to June 8, 1947 that I last saw her alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death) 83

Major findings:
Of operations
Of autopsy

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 D. Earle Williams (M.D. or other)
Address 58 Indian Lodge Ill. Date signed June 10 1947

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 Claudia M. Nash, Registered Apprentice No. 424, working under my personal supervision.

Signed C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3 & 47 Page

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.