No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22705

FILED JUL 12 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6299

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 12 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. 4916 Page Blvd (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Henrietta Thornton
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race Col.
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 12, 1870 (Month) (Day) (Year)
8. AGE: Years 77 Months 2 Days 28 If less than one day hr. min.
9. Birthplace Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business Unknown
FATHER
12. Name
13. Birthplace Miss. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lizzie Butler
15. Birthplace Miss. (City, town, or county) (State or foreign country)
16. (a) Informant Grace Thornton
(b) Address 4916 Page Blvd.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sardis, Mississippi
18. (a) Signature of funeral director C. W. Roberts
(b) Address 1416 N. Taylor Ave.
19. (a) JUL 1 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 30 year 1947 hour 4 minute 40 P.M.
21. I hereby certify that I attended the deceased from June 18, 1947 to June 30, 1947 that I last saw her alive on June 30, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease with Malnutrition	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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. L. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 6/30/47

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 Annie Roberts Registered Apprentice No. 4439 working under my personal supervision.

Signed Annie Roberts

Licensed Embalmer No. 4439

P. O. Address 1416 N. Taylor

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.