

No. 2  
-1/47  
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22734**  
**6015**  
Registrars No. ....

**FILED JUL 7 1947**  
Registration District No. ....

Primary Registration District No. ....

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..... **2 days**  
(Specify whether  
In this community.....  
years, months or days)

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. **316 N Ewing**  
**21** (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Annie Wallace**  
3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex **Female** 5. Color or race **Col**  
6. (a) Single, widowed, married, divorced. **Wid.**  
6. (b) Name of husband or wife..... **Not known**  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased. **August 11 1891**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>55</b>	<b>10</b>	<b>8</b>	.....hr. ....min.

9. Birthplace..... **Atlanta Georgia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **King Ware**

13. Birthplace.....  
(City, town, or county) (State or foreign country)

14. Maiden name **Annie Bell**

15. Birthplace..... **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lillie B. Mosley**

(b) Address **316 N. Ewing Ave**

17. (a) **burial** (b) Date thereof **6-23-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **J.H. Randle & Son**

(b) Address **3133 Bell Avenue**

19. (a) **JUL 23 1947** (b) **J. F. Brebeck**  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **19**  
year **1947** hour **4** minute **A** M.  
21. I hereby certify that I attended the deceased from  
**June 17 1947** to **June 19 1947**  
that I last saw h. **dr** alive on **June 19 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Cervix with metastasis**  
Duration **Undet.**

Due to.....

Due to.....

Other conditions.....  
(include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy **No**

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?..... (Specify type of place) (Years of injury)

23. Signature **Edward B. Williams**

Address **2601 N Whittier** Date signed **6/20/47**

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

MOTHER FATHER

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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

*S. J. Watson*

.....  
Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

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.