No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25268

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6572

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 1 month (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. 3731 Hickory
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Otis Applin
3. (b) If veteran, name war
3. (c) Social Security No. 489-03-9419
4. Sex M
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Q. Applin
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased 12 (Month) 25 (Day) 1893 (Year)
8. AGE: Years 53 Months 6 Days 11 If less than one day hr. min.
9. Birthplace Columbus (City, town, or county) Miss (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER 12. Name Lewis Apptin
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Venerella Witherspoon
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Alice C. Applin
(b) Address 3731 A Hickory St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Gus Lowe
(b) Address 2930 Dickson St.
19. (a) JUL 12 1947 (Date received local registrar) (b) J. F. Bradeen (Registrar's signature)

MEDICAL CERTIFICATION

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

Immediate cause of death	Duration
Hypertensive Heart Disease.	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

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 O. L. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 7/8/47

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 Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.