. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 25280

Registration District No. 318

Primary Registration District No.

Registrar's No. 6758

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 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County aoo

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3931 Cook Avenue 9
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Bailey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Cal

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 4 (Day) 1886 (Year)

8. AGE: Years 61 Months 1 Days 11 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation nile

11. Industry or business

FATHER
12. Name Deary Richardson
13. Birthplace not known S C (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fanny Smith
15. Birthplace Frankford (City, town, or county) Ky (State or foreign country)

16. (a) Informant A D Richardson
(b) Address 2625 Glasgow

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A D Richardson
(b) Address 2625 Glasgow

19. (a) JUL 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1947 hour 12 minute 40 AM.

21. I hereby certify that I attended the deceased from July 13, 1947, to July 15, 1947;
that I last saw her alive on July 15, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far-Adv Recurrent Ca of Breast with Metastases (P O Mastectomy)	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

50

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)
While at work? (e) Means of injury

23. Signature J. M. Whittier (M. D. [illegible])
Address 2601 N Whittier St Date signed 7-18-47

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 Fulton E. Culkin

Licensed Embalmer No. 198

P. O. Address St Louis 13 Mo

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.