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

Registration District No. 18

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25705

Registrar's No. 5194

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 1½ Mos. (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. 2314 Carr St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Roberta Joyner

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife ----

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

7. Birth date of deceased About 1900
(Month) (Day) (Year)

8. AGE Years abt 47 Months – Days – If less than one day hr. min.

9. Birthplace Mayers, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

11. Industry or business

FATHER
12. Name Jim Paxton
13. Birthplace Mayers, Miss.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Priscilla Rainer
15. Birthplace Mayers, Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Rachel Collins
(b) Address 3737 Evans Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Wright's Funeral Home.
(b) Address 3100 Easton Ave.

19. (a) JUL 9 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1947 hour 1 minute A M.

21. I hereby certify that I attended the deceased from May 19, 1947, to July 6, 1947 that I last saw her alive on July 6, 1947 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Mediastinal Tumor -Unqualified | 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 O. L. Daniels (M. D. or other)

Address 2601 N Whittier Date signed 7/7/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1948

## 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 Arthur L. Hellhard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard ave

**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.**