V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26085

FILED AUG 8 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7151

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

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Homer G. Phillips O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hrs (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2645a Spruce 9
(If rural give location)
-22-
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Bennie Jean Starr
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June (Month) 6th (Day) 1947 (Year)

8. AGE: Years | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace St Louis, (City, town, or county) Missouri (State or foreign country) O
10. Usual occupation —
11. Industry or business —

FATHER
12. Name Sandy Starr
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Vernon Hardin
15. Birthplace St Louis, Mo. (City, town, or county) (State or foreign country) O

16. (a) Informant Grace Harden
(b) Address 2645a Spruce
17. (a) (Burial, cremation, or removal) (b) Date thereof Aug. 1, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.
18. (a) Signature of funeral director G. Wade Granberry
(b) Address 4202 Finney
19. (a) AUG 1 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1947 hour 8 minute a M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchial Pneumonia
Due to Primary
Due to 101
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 3

23. Signature Salvus E. Fry (M. D. or other)
Address Date signed 1/30/47

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 ...., Registered Apprentice No. ....., working under my personal supervision.

Signed Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, 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.