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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26202

Primary Registration District No. 1003

Registrar's No. 7148

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3115 Franklin 9
(If rural, give location)

21

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Viola White

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Separated 1

6. (b) Name of husband or wife UNK

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

7. Birth date of deceased December (Month) 31 (Day) 1906 (Year)

8. AGE: Years 40 Months 6 Days 28 days If less than one day hr. min.

9. Birthplace Unk (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Nil

11. Industry or business --

FATHER
12. Name Joe Banks
13. Birthplace Unk (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Effie Franklin
15. Birthplace Unk (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant S Jenkins 1

(b) Address Homer G Phillips Hospital

17. (a) Anatomical Board (Burial, cremation, or removal) Date thereof 7-31-47 (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W Richter

(b) Address 2500 Rutgers St

19. (a) JUL 31 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1947 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 23, 1947, to July 29, 1947
that I last saw her alive on July 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Paresis	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

30

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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 H. J. Erwin (M. D. or other) 0

Address 2601 N Whittier St Date signed 7-31-47

(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 Tom Carter, Registered Apprentice No. 500, working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

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.