S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

Registration District No. 510

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29029

Registrar's No. 7221

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

1. PLACE OF DEATH:
(a) County Homer G. Phillips
(b) City or town St Louis
(If outside city or town limits, write "RURAL")
(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 ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-0-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1218A Blair St 9
(If rural, give location)
25 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME EMMA-Fisher
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female 3
5. Color or race Col
6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 3 (Month) - 8 (Day) - 1888 (Year)

8. AGE: Years 59 | Months 4 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace Raydell (City, town, or county) ARK 1 (State or foreign country)
10. Usual occupation House - Wife
11. Industry or business .....
FATHER
12. Name Unk 9
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)
MOTHER
14. Maiden name EMMA - Crumpton
15. Birthplace Raydell (City, town, or county) ARK 1 (State or foreign country)
16. (a) Informant Paul Fisher
(b) Address 2210 - Delmar
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Mose Vasser
(b) Address 2812 Cass Ave
19. (a) Date received local registrar 1947 (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1947 hour 8 minute 00 P.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 ..... Duration
Cirrhosis of Liver
Due to Atrophy
Due to 1 24
Other conditions .....
(Include pregnancy within 3 months of death)
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 3
23. Signature Thomas F Callaway (M.D. or other)
Address Coroner Date signed Aug. 4-47

Jefferson City Printing Co.

AUG 4 1947

(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 [illegible]

Licensed Embalmer No. 4243

P. O. Address 14 [illegible]

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.