No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29162

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7853

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1½ month (Specify whether
In this community 30years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 100
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2602 Lawton 9
21 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mack Jamerson
3. (b) If veteran, name war none
3. (c) Social Security No.

4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 26, (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	8	22	hr. min.

9. Birthplace ? (City, town, or county) La. 1 (State or foreign country)
10. Usual occupation labor
11. Industry or business

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

MOTHER
14. Maiden name Mandy ?
15. Birthplace ? (City, town, or county) La. 1 (State or foreign country)

16. (a) Informant Lulla Moody
(b) Address So. Kinlock, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole Street
19. (a) AUG 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17
year 1947 hour 6 minute 15 A M.

21. I hereby certify that I attended the deceased from July 2, 1947 to Aug. 17, 1947;
that I last saw him alive on Aug. 17, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the Tongue	
Due to	
Due to	
Other conditions Broncho-pneumonia (Include pregnancy within 3 months of death)	Undet.

Major findings:
Of operations
Of autopsy Yes

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 0

23. Signature Burton G. Phillips (M.D. or other)
Address 2601 N Whittier Date signed 8/18/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Emb separate Cert filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.