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 OCT 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32641

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 8888

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 13 days (Specify whether years, months or days)
In this community 15 years

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. 1931 Biddle (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Evelyn James
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Willie James
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased October 16, 1923 (Month) (Day) (Year)
8. AGE: Years 23 Months 11 Days If less than one day hr. min.
9. Birthplace Hazen (City, town, or county) Ark. (State or foreign country)
10. Usual occupation nil
11. Industry or business ------
MOTHER FATHER
12. Name Charlie Washington
13. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)
14. Maiden name Cora Kincade
15. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Willie James
(b) Address 1931 Biddle St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hazen, Ark.
18. (a) Signature of funeral director Allen Dailey
(b) Address 3506 Franklin
19. (a) SEP 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 18 year 1947 hour 7 minute x P M.
21. I hereby certify that I attended the deceased from Sept. 5, 1947 to Sept. 18, 1947 that I last saw her alive on Sept. 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Endocarditis - Ulcerative	Undet.
Due to	
Due to	
Other conditions Broncho-pneumonia (Include pregnancy within 3 months of death)	
Ascites	

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
23. Signature O. L. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 9/20/47

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

Embalmers separate Cert to be filed SEP 23 19

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.