S. No. 2
1—1/47
5-17-39

94

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32680

FILED OCT 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8918

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (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 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ind
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2948 Washington Ave (If rural, give location) 21
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME DILLARD KIRKSEY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race COL.
6. (a) Single (widowed) married, divorced 2
6. (b) Name of husband or wife LOBELIA
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 (Month) 1 (Day) 1902 (Year)

8. AGE: Years 45 Months 8 Days 20 If less than one day hr. min.

9. Birthplace TUPELO (City, town, or county) MISS. 1 (State or foreign country)
10. Usual occupation LABORER
11. Industry or business RESTAURANT
FATHER
12. Name JAMES M. KIRKSEY
13. Birthplace TUPELO (City, town, or county) MISS. 1 (State or foreign country)
MOTHER
14. Maiden name SUSIE LILLARD
15. Birthplace TUPELO (City, town, or county) MISS. 1 (State or foreign country)
16. (a) Informant BETHEL TAYLOR
(b) Address 3227 LACLEDE Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Feather Dickson
18. (a) Signature of funeral director S. N. Bruce
(b) Address 4469 Washington Ave.
19. (a) SEP 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 21 year 1947 hour 8 minute 2 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 Myocardial Insufficiency

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93

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 Alvin E. Taylor (M.D. or other)
Address Dy Dr Date signed 9/22/47

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 Fredrick Stark, 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.