S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35684

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9377

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: 408a S. Ewing
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 408a S. Ewing Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Georgia Durley
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Raymond Durley
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased March 12, 1883 (Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
MOTHER FATHER
12. Name Charles Nelson
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Ella
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Raymond Durley
(b) Address 408a S. Ewing Ave.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct. 11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.
18. (a) Signature or funeral director E. A. GREEN
(b) Address 4214 Delmar Blvd.
19. (a) OCT 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 5 year 1947 hour 8 minute P.M.
21. I hereby certify that I attended the deceased from Sept 6 1947, to Oct 5 1947; that I last saw her alive on Oct 5 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Interstitial Nephritis	
Due to:	
Due to:	
Other conditions: age. (Include pregnancy within 3 months of death)	
Major findings: Of operations: —	
Of autopsy: no	

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 Dr Edward Bell (M. D. or other) M.D.
Address 2901 Laclede ave. Date signed 10-7-47

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 _____, 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.