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

FILED NOV 3 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35831

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9967

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 H Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 dys (Specify whether
In this community 25 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1424 a Cora 9
(If rural, give location)

(e) Citizen of foreign country? 11 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Annie Henry

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 3. Color or race Negro

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Sam Womack

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased May (Month) 3 (Day) 1875 (Year)

8. AGE: Years 72 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Helena (City, town, or county) Ark. (State or foreign country) 1

10. Usual occupation House-maid

11. Industry or business Own home

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

MOTHER
14. Maiden name Fannie Rush 9
15. Birthplace Unknown (City, town, or county) (State or foreign country) 1

16. (a) Informant Fannie Walton
(b) Address 1424 a Cora

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director O. T. Nash
(b) Address 3847 Page Boul.

19. (a) OCT 25 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1947 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from Sept. 22 1947 to Oct. 21 1947
that I last saw her alive on Oct. 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Cervix — Duration: Undet.

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

48a

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 John B Clayler (M. D. or other)

Address 2601 N Whittier Date signed 10/22/47

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 ....., ..., Registered Apprentice No. ....., working under my personal supervision.

Signed C. J. Brook

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.