7. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35890

FILED OCT 24 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9592

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: 2 days (Specify whether
In this community: 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: do
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3311 La Salle 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John Ivory (John Ivory)
3. (b) If veteran, name war
3. (c) Social Security No. 494-01-1465

4. Sex: Male — 5. Color or race: Col. — 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Elizabeth
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April 1 — 1864 (Month) (Day) (Year)

8. AGE: Years 62 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace: Oxford (City, town, or county) Miss (State or foreign country)
10. Usual occupation
11. Industry or business: John Ivory
MOTHER FATHER
12. Name: Miss
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name: not known
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant: Elizabeth Ivory
(b) Address: 3311 a La Salle
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park
18. (a) Signature of funeral director: J. Watson
(b) Address: 2769 Chouteau
19. (a) OCT 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1947 hour 4 minute 50 A M.
21. I hereby certify that I attended the deceased from Oct. 12 1947 to Oct. 14 1947 that I last saw him alive on Oct. 14 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	Undet.
Due to	
Due to	
Other conditions: Benign Prostatic Hypertrophy (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy: None

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: John Clayton (M. D. or other)
Address: 2601 N Whittier St Date signed 10/15/47

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 S. J. Watson

Licensed Embalmer No. 269A

P. O. Address 27

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.