S. No. 2
1—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39520

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10797

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 G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 29 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. 1733 a Marcus
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosie Lee Chinn
3. (b) If veteran, name war ---
3. (c) Social Security No. None

4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Claude H. Chinn
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased November (Month) 1st (Day) 1902 (Year)

8. AGE: Years 45 | Months 0 | Days 22 | If less than one day hr. min.

9. Birthplace Troy (City, town, or county) Alabama (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business -----

FATHER
12. Name Levi Bryant
13. Birthplace Unavailable (City, town, or county) Ala. (State or foreign country) 1

MOTHER
14. Maiden name Aire Jones
15. Birthplace Banks (City, town, or county) Alabama (State or foreign country) 1

16. (a) Informant James Chinn
(b) Address 4324a Page Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.
19. (a) NOV 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1947 hour 7 minute 25 A M.

21. I hereby certify that I attended the deceased from Nov. 19 1947 to Nov. 23 1947 that I last saw her alive on Nov. 23 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhage - Intestine	Undet.
Due to	
Due to	
Other conditions Duodenal Ulcer (Include pregnancy within 3 months of death)	Undet.
Arteriosclerosis	

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? Means of injury

23. Signature Oscar L. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 11/24/47

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

DEC 10 1947

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 John K. Cunningham, Registered Apprentice No. 452, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave.

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.