No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39571

Registrar's No. 10482

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: 2611 Cole St.
(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 19 Months

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. 2611 Cole St
(If rural, give location)
(e) Citizen of foreign country? Citizen (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Laura Deal
3. (b) If veteran, name war
3. (c) Social Security No. none

4. Sex F
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Ike Deal
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased 1 (Month) 1 (Day) 1873 (Year)

8. AGE: Years 74 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Miss (City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name Julies Richerson
13. Birthplace Un Known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Un Known
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Flutie Roach
(b) Address 2611 Cole St.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 11-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Gus Howe
(b) Address 2930 Dickson St
19. (a) NOV 14 1947 (Date received local registrar) (b) J. J. Breheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 11 year 1947 hour [illegible] minute 14 A.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 — Duration
Senility - Arteriosclerosis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 [illegible] (M. D. or other)
Address [illegible] Date signed 11/14/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Mul

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 Arthur [redacted]

Licensed Embalmer No. 492

P. O. Address 1154 Bayard av

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.