V. S. No. 2
50M—1/47
Rev. 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. 45255

FILED DEC 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11516

1. PLACE OF DEATH:
(a) County
(b) City or town ST. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5719 Maple Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 34 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5719 Maple Ave., 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PERCY TYLDEN LITTLE
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline McGee Little
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased May (Month) 6 (Day) 1887 (Year)

8. AGE: Years 60 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Harrisonville Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Angraving Det.
11. Industry or business General Fireprooing Co.
MOTHER FATHER
12. Name Geo. Little
13. Birthplace New York City N.Y. (City, town, or county) (State or foreign country)
14. Maiden name Sarah Shepard
15. Birthplace Warsaw Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Purtis Little
(b) Address Lexington Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Harrisonville Mo
18. (a) Signature of funeral director Alexander & Son
(b) Address 6175 Delmar blvd.
19. (a) DEC 17 1947 (Date received local registrar) (b) J. F. Breuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Decrmber day 16 year 1947 hour 1 minute 40 P.M.
21. I hereby certify that I attended the deceased from Dec. 9, 19 47, to Dec 16, 19 47; that I last saw him alive on Dec. 16, 19 47; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	7 days
Due to Arteriosclerosis of Coronary arteries	?
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 Geo. H. Oliver (M. D. or other)
Address 3720 Washington Date signed 12-17-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo. B. Stimel

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 Jas. E. McCullah

Licensed Embalmer No. 246

P. O. Address 6173 Delmar

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.