. S. No. 2
OM—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. 43270

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 12036

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 49 days (Specify whether
In this community 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. 2131 Walnut St 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Leola McAdoo

3. (b) If veteran, name war

3. (c) Social Security No. 493-24-8654

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Johnny

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 38 Months Days If less than one day hr. min.

9. Birthplace St Francis (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Balder 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown 9
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Hattie McAdoo
(b) Address 2131 Walnut St

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Forest City Ark

18. (a) Signature of funeral director Jackson Funeral Home
(b) Address 2649 Delmar

19. (a) DEC 31 1947 (Date received local registrar) (b) J. Frederick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1947 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov. 11 1947 to Dec. 30 1947; that I last saw her alive on Dec. 30 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ulcerative Colitis	Undet.
Due to	
Due to	
Other conditions: Bronchopneumonia (Include pregnancy within 3 months of death)	

120

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? (e) Means of injury 0

23. Signature Oscar L Daniels (M. D. or other)

Address 2601 N Whittier St Date signed 12/31/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 16 1958

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.

Embalmers certificate signed separately

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.