V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43577

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11909

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 4 days (Specify whether years, months or days)
In this community

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. 809 N 15th St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sadie Walls
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 5 1907 (Month) (Day) (Year)
8. AGE: Years 40 Months 2 Days 21 If less than one day hr. min.
9. Birthplace (City, town, or county) Miss (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
MOTHER FATHER
12. Name John Walls
13. Birthplace (City, town, or county) Ark (State or foreign country)
14. Maiden name Mack
15. Birthplace (City, town, or county) Ark (State or foreign country)
16. (a) Informant Charlie Shobe
(b) Address 8097 15th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave
19. (a) DEC 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1947 hour 11 minute 40 p. m.
21. I hereby certify that I attended the deceased from Dec. 22, 1947, to Dec. 26, 1947, that I last saw her alive on Dec. 26, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis, Far Advanced	
Due to	Undet.
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 Oscar L. Daniels (M. D. or other)
Address 2601 No. Whitten Date signed 12/29/47

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 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.