No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43617

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11863

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3045 Easton 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 6 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. 3045 Easton Ave 9
(If rural, give location)
21 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eva Murphy Wingo
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 3
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Fillmore Wingo
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased May 1st. 1905
(Month) (Day) (Year)

8. AGE: Years 42 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Farmington Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER
12. Name Unknown 9
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Fillmore Wingo 1
(b) Address 3045 Easton Ave.
17. (a) Burial (b) Date thereof 12/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Ellis Fun. Home
(b) Address 2820 Stoddard St.
19. (a) DEC 29 1947 (b) J. F. Bradick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26
year 1947 hour 6/15 minute A. M.
21. I hereby certify that I attended the deceased from 10-17, 1947, to 12-26, 1947
that I last saw her alive on 12-26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to

Due to

Other conditions 92
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 F. H. Thurman (M. D. or other)
Address 3047 E. Easton Date signed 12-27-47

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.....Melvin E. Green

Licensed Embalmer No.....4428

P. O. Address.....St. Louis Mo

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.