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. 43632

FILED JAN 9 1948 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 11874

1-2-48

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos; 3 weeks (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 721 N Whittier 4
(If rural, give location)

19

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Hazel Woolfolk

3. (b) If veteran, name war

3. (c) Social Security No. 499-12-2311

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Mallien Woolfolk

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

7. Birth date of deceased August (Month) 21 (Day) 1909 (Year)

8. AGE:

Years	Months	Days	If less than one day
38	4	5	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Woolworth Dep't Store

FATHER
12. Name Duke Gary
13. Birthplace Shubuta, Mississippi 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lillie Joiner
15. Birthplace Macon Mississippi 1
(City, town, or county) (State or foreign country)

16. (a) Informant Harriet Woolfolk

(b) Address 721 Whittier Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-47 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (d) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue

19. (a) DEC 29 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1947 hour 8 minute A M.

21. I hereby certify that I attended the deceased from October 3, 1947 to December 26, 1947 that I last saw her alive on December 26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease with Decompensation	Unk
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 0

23. Signature O. L. Daniels (M. D. ~~or other~~)

Address 2601 N Whittier St Date signed 12-26-47

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 John K. Cunningham, Registered Apprentice No. 452, working under my personal supervision.

Signed

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.