S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43640

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11937

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: St. Louis
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 28 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lark - White Female
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: Female Color or race: White
5. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: 19 years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day: hr. min.
Gestation
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant: Thos. E. Williams
(b) Address: 300 Clay
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof: DEC 30 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Anatomical Board
18. (a) Signature of funeral director: Rowland Mortuary Inc.
(b) Address: 4355 Washington
19. (a) DEC 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Nov. day: 15 year: 1947 hour: 12 minute: 00 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred on the date and hour stated above.
Immediate cause of death: Hemorrhage from Cord
Due to: Cord - Vasa Previa
Due to: On Nov. 15, 1947 at about 12:00 o'clock Noon
Duration
Other conditions (Include pregnancy within 3 months of death): No
Major findings: Of operations:
Of autops:
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): Normal
(b) Date of occurrence: Nov. 15, 1947
(c) Where did injury occur? (City or town) St. Louis (County) (State) Mo
(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: Edwin E. Engelhardt M.D. (Coroner)
Address: City Date signed: 12/4/47

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.....

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.