No. 2
-1/47
-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. 2611

FILED JAN 16 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 149

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 3009 N. Vandeventer Ave. (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) 6-weeks
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Out
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3009 N. Vandeventer Ave. (If rural, give location) 9
10
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosa Hemphill

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife Rufus Hemphill

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

7. Birth date of deceased May 5th., 1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	8	0	hr. min.

9. Birthplace Ill. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER / FATHER

12. Name John Cash.

13. Birthplace Ill. (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lafie Creamer
(b) Address 3009 N. Vandeventer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JAN 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th., year 1948 hour 2 minute 10 p. M.

21. I hereby certify that I attended the deceased from Dec 20, 1947 to Jan 5, 1948; that I last saw h. alive on Jan 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis. Chr.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertension	

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

23. Signature Dr. Paul H. Chapman (M. D. or other)
Address 3518 Dodier Date signed 1-6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

3518 Dodier St. No.1260

12-2

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.