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. 3163

FILED JAN 16 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 249

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oao

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4719 Cote Brilliante 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Georgia Thomas

3. (b) If veteran, name war No

3. (c) Social Security No. —

4. Sex F 3

5. Color or race Col

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years about 68 | Months | Days | If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Joe Jackson
13. Birthplace Unk (City, town, or county) La (State or foreign country)

MOTHER
14. Maiden name Bell Randell
15. Birthplace Unk (City, town, or county) La (State or foreign country)

16. (a) Informant Adeline Hawkins
(b) Address 4719 Cote Br.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C. L. Beal Und Co
(b) Address 4303 Delmar

19. (a) JAN 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1948 hour 1 minute 55 p M.

21. I hereby certify that I attended the deceased from Dec. 14 1947 to Jan. 5 1948
that I last saw her alive on Jan. 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with Marked Congestive Failure — Duration Undet.

Due to

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 Davillo (M. D. or other)
Address 2601 N Whittier Date signed 1/6/48

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 Nora Thompson Wilson

Licensed Embalmer No. 4435

P. O. Address 2618 Bellefonte

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.