No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3182

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 583

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 12 days (Specify whether
In this community (3I) Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 617 N Leffingwell
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Vail
3. (b) If veteran, name war None
3. (c) Social Security No. 499-01-2930
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie. Vail
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased March (Month) 26th (Day) 1886 (Year)

8. AGE: Years 6I Months 9 Days I9 If less than one day hr. min.
9. Birthplace Lottadale County (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Jobber
FATHER
12. Name Ben. Vail
13. Birthplace Mississippi (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Malahalie. Phillips
15. Birthplace Mississippi (City, town, or county) (State or foreign country)
16. (a) Informant Hattie. Vail.
(b) Address 6I7. A. No. Leffenwell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof I/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood. Cemetery
18. (a) Signature of funeral director John. H. Houston
(b) Address 2829. Washington. Blvd.
19. (a) JAN 20 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 15
year 1948 hour 1 minute 20 a M.
21. I hereby certify that I attended the deceased from Jan. 3, 1948, to Jan. 15, 1948
that I last saw him alive on Jan. 15, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Multiple Myeloma	Undet.
Due to	
Due to	
Other conditions Pathologic Fracture Eighth Rib (Include pregnancy within 3 months of death) Neurogenic Bladder	

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 John B Clayton (M. D. or other)
Address 2601 N Whittier Date signed 1/16/48

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 S. E. Cooper Registered Apprentice No. 505, working under my personal supervision.

Signed James Shyatt

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.