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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6335
1701

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

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

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. 2739 Madison (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Winnie Fears
3. (b) If veteran, name war No
3. (c) Social Security No. No card
4. Sex Female
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eugene Fears
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased May 24, 1907 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
40	8	18	hr. min.

9. Birthplace Ponca City, Okla. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name George Simon
13. Birthplace Ponca City, Okla. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Cora Braggs
15. Birthplace Ponca City, Okla. (City, town, or county) (State or foreign country)
16. (a) Informant Eugene Fears
(b) Address 2739 A. Madison Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Wright's Funeral Home.
(b) Address 3100 Easton Ave.
19. (a) FEB 19 1948 (Date received local registrar) (b) J. F. Broeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 12 year 1948 hour 11 minute 40 p.m.
21. I hereby certify that I attended the deceased from Jan. 18, 1948 to Feb. 12, 1948; that I last saw her alive on Feb. 12, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	Undet.
Due to	
Due to	
Other conditions Subarrachnoid Hemorrhage (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. Daniels (M. D. or other)
Address 2601 N Whittier St Date signed 2/16/48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Arthur R. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard av

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.