No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6448

FILED MAR 4 1948

Registration District No. 398

Primary Registration District No. 1003

Registrar's No. 1686

1. PLACE OF DEATH:
(a) County St Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1402 Papin Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ave
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1402 Papin St. (If rural, give location) 9
(e) Citizen of foreign country? 22 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary Harrell
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Milan Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Willie Mae Bowman Harrell
(b) Address 1418 Singleton Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.
18. (a) Signature of funeral director A. L. Beal Und Co,
(b) Address 2726 Lucas Ave.
19. (a) FEB 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16th year 1948 hour 8 30 minute P M.
21. I hereby certify that I attended the deceased from Jan 2 1948 to Feb 16 1948 that I last saw him alive on Feb 16 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 days
Due to Hypertension	6 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 0
23. Signature J. S. Jaquess (M. D. or other)
Address 309 S Jefferson Date signed 2/18-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1948

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 Vora J. Wilson

Licensed Embalmer No. 2435

P. O. Address 2618 Bellglade

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.