S. No. 2
—1/47
6-17-39

WHITE 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. 6525

FILED FEB 28 1948

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 1598

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 2 days (Specify whether
In this community ABT 15 yrs 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. 607 N Beaumont (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Irby
3. (b) If veteran, name war NO
3. (c) Social Security No. 492-01-2266
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Separated
6. (b) Name of husband or wife Georgia Irby
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased 29 (Day) 1909 (Year) (Month)

8. AGE: Years 43 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Coldwater Miss (City, town, or county) (State or foreign country)
10. Usual occupation Stock Room
11. Industry or business Cobbs Clothing Co
MOTHER FATHER
12. Name Jim Irby
13. Birthplace Coldwater Miss (City, town, or county) (State or foreign country)
14. Maiden name Hattie Jolly
15. Birthplace Coldwater Miss (City, town, or county) (State or foreign country)
16. (a) Informant Maude Eva Jackson
(b) Address 3517 Clark Ave
17. (a) Removal-Rail (Burial, cremation, or removal) (b) Date thereof 2-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Coldwater Miss
18. (a) Signature of funeral director Howe's Funeral Home
(b) Address 2930 Dickson St
19. (a) FEB 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 13 year 1948 hour 4 minute 50P M.
21. I hereby certify that I attended the deceased from Feb. 11, 1948 to Feb. 13, 1948 that I last saw him alive on Feb. 13, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Right Pleural Effusion - probable tuberculous	Undet.
Ascites - etiology undetermined	—
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 F 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 L. Hellbard

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.