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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

Registration District No. 518

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

6624

State File No.

Primary Registration District No. 1003

Registrar's No. 1711

1. PLACE OF DEATH:
(a) County: ST. LOUIS
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2950 a CASS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: 17
(c) City or town: ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 2950 a CASS (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 21
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM LAND
3. (b) If veteran, name war:
3. (c) Social Security No. 498-03-9905
4. Sex: M. 2
5. Color or race: Col
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: CORA LAND
6. (c) Age of husband or wife if alive: 37 years
7. Birth date of deceased: JAN. (Month) 22 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
50	0	15	hr. min.

9. Birthplace: (City, town, or county) MISS (State or foreign country)
10. Usual occupation: LABOR
11. Industry or business:
FATHER 12. Name: SONNY LAND
13. Birthplace: (City, town, or county) MISS (State or foreign country)
MOTHER 14. Maiden name: HATTIE Mayfield
15. Birthplace: (City, town, or county) MISS (State or foreign country)
16. (a) Informant: CORA LAND
(b) Address: 2950 a CASS
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: FEB 21/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park Cem
18. (a) Signature of funeral director: F. A. Kleen
(b) Address: 4214 Delmar
19. (a) FEB 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 17 year 1948 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec. 1 1947 to Feb. 17 1948, and that I last saw him alive on Feb. 15 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension	
Heart Disease	6 mo
Due to	
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
23. Signature: Franklin R. Larrick (M. D. or other)
Address: 1631 Franklin Ave Date signed 2/19/48

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 J. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 DeGraw

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.