S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

6660

State File No.

FILED FEB 28 1948

Registration District No. 318 — Primary Registration District No. 1509 — Registrar's No. 1472

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1509 N. 14th
(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 5 years.

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. 1509 N. 14th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Delie Lofton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col.

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 22 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
76	4	17	hr. min.

9. Birthplace Carrollton, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Unemp.

11. Industry or business None

FATHER
12. Name Jake McMillan
13. Birthplace Miss.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Armanda Bowles
15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Henrietta Booker
(b) Address 1509 N. 14th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery

18. (a) Signature of funeral director E. B. Koonce
(b) Address 1221 N. Grand

19. (a) FEB 13 1948 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9, year 1948 hour 1 minute 19 A. M.

21. I hereby certify that I attended the deceased from Feb. 5, 1948 to Feb. 9, 1948 that I last saw her alive on Feb. 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 Yvonne Y. Little M. D. or other M.D.
Address 3167 Sheridan Date signed 2-10-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

1472

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 Theodore T Yandell

Licensed Embalmer No. 4243

P. O. Address 14 Traymore St Webster Groves Mo

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.