No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6974

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2040

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Infirmary Hospital .0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-11-43/2-16-48 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County no
(c) City or town Cityn St. Louis. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Ezra, Samples.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 4 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
60	11	12	hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Nil.
11. Industry or business

FATHER
12. Name Henry, Samples. 4
13. Birthplace ? (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Betty, Jane, Cobble. 4
15. Birthplace ? (City, town, or county) 4 (State or foreign country)

16. (a) Informant City Infirmary Records.
(b) Address
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof FEB 29 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.
19. (a) FEB 29 1948 (Date received by local registrar) (b) J. F. Bridwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16 year 1948 hour 3; minute 55 a.m. M.
21. I hereby certify that I attended the deceased from 1 1 19 47 to 2-16 19 48 that I last saw him alive on 2- 16- 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure — Duration
Hypertensive heart disease
Arteriosclerotic heart disease
Due to Pulmonary congestion
Due to Bleeding from rectum - cause not known
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 Warren C. Lewis (M. D. or other)
Address 5600 Arsenal Date signed 2-20-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.