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

State File No. 7126

Registration District No. FILED MAR 11 1948 318

Primary Registration District No. 100

Registrar's No. 1972

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: Peoples Hospital
(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 Sao
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4342 Cottage 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Virginia Toles
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F 3
5. Color or race Col
6. (a) Single, widowed, married, divorced 9
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 Months Days If less than one day hr. min.
Abt-58

9. Birthplace Nashville, Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Maid
11. Industry or business None
FATHER
12. Name Morgan Conney
13. Birthplace Unknown, Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Winston
15. Birthplace Clarksville, Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Fannie Stewart
(b) Address 4342 Cottage
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 4303 Delmar
19. (a) FEB 27 1948 (Date received local registrar) (b) J. F. Buseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1948 hour minute 6 A M.
21. I hereby certify that I attended the deceased from 2/16/48, 19 48, to 2/21 19 48
that I last saw her alive on 2/21 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 (M. D. or other)
Address 4322 Easton Date signed
Chas E. Herriot

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

MAR 25 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 Vera Thompson Wilson

Licensed Embalmer No. 4435

P. O. Address 2618 Belle Glade

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.