

S. No. 300
M-10-47
v. 5-17-39
I 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7144
1879
Registrar's No. _____

FILED MAR 4 1948

918

Registration District No. _____

Primary Registration District No. 1003

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Geo

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2915 Delmar
21
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Sharon Marie Van Buren

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fem 5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 12 19 47
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 1 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Rosie Marie Van Buren

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant May Dorell Jett
(b) Address 2601 N. Whittier

17. (a) Burial (b) Date thereof 2-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director G. P. Richardson
(b) Address 2625 Glasgow

19. (a) FEB 24 1948
(Date recorded by registrar) J. F. Rudeck
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 20
year 1948 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from 2:55 P. M.
12-19- 19 47 to 12:10 A. M. 19 48
that I last saw her alive on 2-20- 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Diarrhea Undt.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to 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? _____

Where at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Darrington Parsey (M. D. or other) _____
Address 2601 N. Whittier 2-24-48

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

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.