. S. No. 2
OM—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9990

FILED APR 7 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2523

00
17
9

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

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: 3233a Delmar
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3233a Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Black
3. (b) If veteran, name war
3. (c) Social Security No. 498-09-0616
4. Sex Male 2
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie Black
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Nov. (Month) 26, (Day) 1901 (Year)

8. AGE:

Years	Months	Days	If less than one day
46	3	14	hr. min.

9. Birthplace Texarcana, Ark. (City, town, or county) (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER
12. Name George Black
13. Birthplace Georgia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sadye Smith
15. Birthplace Ark. (City, town, or county) (State or foreign country)
16. (a) Informant Rev. L. Q. Laws
(b) Address 3221 Bell Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery
18. (a) Signature of funeral director E. B. Koonce
(b) Address 1221 N. Grand Blvd.
19. (a) MAR 14 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1948 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from 3/6/48, 19..., to 3/10, 1948; that I last saw him alive on 3/10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis — Duration 4 days
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 [illegible] (M. D. [illegible])
Address 3146 a Lucille Date signed 3/12/48

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 Theodore T. Yandell

Licensed Embalmer No. 4243

P. O. Address 14 Waymouth Street Me

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.