S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10510

FILED APR 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3130

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: Homer Phillip 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 About 2o years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town St Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4468 Easton Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lanie Hoten
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female Color or race Colored
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Not Known
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years About 58 Months Days If less than one day hr. min.
9. Birthplace Westpoint Miss (City) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Alfred ?
13. Birthplace Westpoint Miss. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Agnes ?
15. Birthplace Westpoint Miss. (City, town, or county) (State or foreign country)
16. (a) Informant Margarett Love
(b) Address 4468 Easton Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director A. L. Beal Und. Co.
(b) Address 2726 Lucas Ave
19. (a) MAR 31 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 29th
year 1948 hour 11:45 minute A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Constrictive Pericarditis	
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 Patrick E. Taylor Dep Cor (M. D. or other)
Address 1300 Clark Date signed 3-31-48.

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 Vara J Wilson

Licensed Embalmer No. 4435

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.