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 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10765

Primary Registration District No. 1003

Registrar's No. 2425

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(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 years, months or days)
In this community 60 yrs

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. 4040 Cook Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter W. Trice.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife dead
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 14, 1862. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	0	24	hr. min.

9. Birthplace Clarksville, Tennessee. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Mail Handler.
11. Industry or business U.S. Post Office
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Robert Trice.
(b) Address 4040 Cook Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery
18. (a) Signature of funeral director C. W. Roberts
(b) Address 1416 N. Taylor Ave.
19. (a) MAR 1 0 1948 (Date received from registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1948 hour 7:25 minute — P.M.
21. I hereby certify that I attended the deceased from 5 an 1948 to March 8 1948 that I last saw him alive on 3-8-48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cirrhosis of liver	Unknown
Due to Unknown	
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 K. Smith (M. D. or other)
Address 11 N. Jefferson Date signed 3-9-48

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 Fulton E. Culkin

Licensed Embalmer No. 498

P. O. Address St. Louis 13, Mo

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.