

S. No. 300
OM - 10-47
ry. 5-17-39
I 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 11 1948

STANDARD CERTIFICATE OF DEATH

14363
State File No. 4204
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4204

1. PLACE OF DEATH:

(a) County St. Louis

(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 Hospital 0
(If not in hospital or institution, write street number and location)
6 weeks

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community About 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 2959 Dayton (If rural, give location) 10

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Will Liddell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sisly 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec. 1, 1899
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1948 hour 10 minute 5 P. M.

21. I hereby certify that I attended the deceased from Mar. 16 1948 to May 1 1948
that I last saw h. im alive on May 1 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 5 Days 0 If less than one day
hr. _____ min. _____

Immediate cause of death Old Cerebral Hemorrhage with left Hemiplegia Duration _____

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace Greenwood, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Mack Liddell

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Susie

15. Birthplace Unknown a
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Liddell

(b) Address 2959 Dayton

17. (a) Burial (b) Date thereof 5-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. J. Nash

(b) Address 3847 Page Blvd.

19. (a) MAY 4 1948 (Date received local registrar)
J. F. Breda (Registrar's signature)

Major findings:
Of operations _____

Of autopsy No

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Oscar R Daniels (M. D. or other)
Address 2601 N Whittier Date signed 5/4/48

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

MOTHER FATHER

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..... *Charles King*

Licensed Embalmer No. *4489*

P. O. Address *3097 Page Blvd.*

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.