

FILED MAY 15 1948 **318**

Primary Registration District No. **1003**

Registrar's No. **4267**

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** **0**
(If not in hospital or institution, write street number or location)

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

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **1000**

(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9**

(d) Street No. **4165 Fairfax Avenue** **0**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **Sharian Singleton**

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex **female** 5. Color or race **negro**

6. (a) Single, widowed, married, divorced, **baby** **0**

6. (b) Name of husband or wife.....

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

7. Birth date of deceased **March 3, 1948**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Years	Months	Days	hr.	min
	2	1		

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

10. Usual occupation..... **nil**

11. Industry or business.....

12. Name **Unknown**

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

14. Maiden name **Delores Singleton**

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

16. (a) Informant **George Singleton**

(b) Address **4165 Fairfax Avenue**

17. (a) **Burial** (b) Date thereof **5-6-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Greenwood**

18. (a) Signature of funeral director **Allen Dales**

(b) Address **3506 Franklin Ave**

19. (a) **MAY 6 1948** (b) **J. F. Breck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4th** day **May**
year **1948** hour **4:15** 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.

Immediate cause of death.....
Malnutrition

Due to.....

Due to..... **158**

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

Major findings:
Of operations.....

Of autopsy.....

Duration

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?..... Means of injury.....

Signature **Allen Dales** (M. D. or other) **0**

Date signed **5/6/48**

WRITE PLAINLY—USING 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 _____

Not Embalmed _____ 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.