No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 20 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17802
Registrar's No. 4450
Primary Registration District No. 1003

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: Homer Phillips O
(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 Mo. (b) County Wood
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1900 Cole Street 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 21
If yes, name country —

3. (a) PRINT FULL NAME Elizabeth Macklin
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 3
5. Color or race Col.
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Leroy Macklin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 37 | Months | Days | If less than one day hr. min.

9. Birthplace Memphis, Tenn. 1
(City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name John Berry
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name "
15. Birthplace " Tenn. 1
(City, town, or county) (State or foreign country)
16. (a) Informant Leroy Macklin
(b) Address 1900 Cole St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director A. L. Beal Und. Co.
(b) Address 4303 Delmar
19. (a) MAY 12 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9
year 1948 hour 3 minute 8, 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	
Due to Cerebral Hypoplasia	
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 Mayer (M.D. or other)
Address Dey Co. Date signed 5/12/48

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 Vora Thompson Wilso

Licensed Embalmer No. 4455

P. O. Address 2618 Bellegla

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.