

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **21035**  
Registrar's No. **5648**

FILED JUN 28 1948  
Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

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 Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 days  
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Mamie King

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 Wid  
6: (b) Name of husband or wife \_\_\_\_\_ 6: (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 1, 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 6 20 hr. min.

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

10. Usual occupation nil

11. Industry or business \_\_\_\_\_

12. Name Charles Anderson

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

14. Maiden name Cynthia ?  
(City, town, or county) (State or foreign country)

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

16: (a) Informant Ward L. Cheatham

(b) Address 3817 Cook Avenue

17: (a) Burial (b) Date thereof 6/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18: (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Street

19: (a) JUN 23 1948 (b) J. F. Bradesh  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 721 Aubert  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1948 hour 2 minute 10 p. M.

21. I hereby certify that I attended the deceased from June 2 19 48, to June 21 19 48  
that I last saw her alive on June 21 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction; Hypertensive Heart Disease - Uremia  
Due to Adhesive bands caused Intestinal Obstruction  
Duration Undet.

Other conditions Generalized Arteriosclerosis  
(Include pregnancy within 3 months of death)  
Rheumatoid Arthritis

Major findings:  
Of operations \_\_\_\_\_  
None  
Of autopsy \_\_\_\_\_  
PHYSICIAN [Signature]  
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) (b) Means of injury \_\_\_\_\_  
23. Signature Oscar L. Daniels (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed 6/22/48

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**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 Clark Young

Licensed Embalmer No. 33711

P. O. Address. St Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**