

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27518

Registration District No.

Primary Registration District No.

Registrar's No.

7383

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:
5915 Wells Avenue.
(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

3. (a) PRINT FULL NAME Alice Black.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John W. Black. 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased September 25, 1870.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>10</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Massac County, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Elijah Lynn.13. Birthplace Tennessee.
(City, town, or county) (State or foreign country)14. Maiden name Emily Somerset.15. Birthplace Tennessee.
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. W.T. Akers.(b) Address 5915 Wells Avenue.17. (a) Burial (b) Date thereof 8-24-1948.
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oren, Missouri.18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.(b) Address 5966-68 Easton Avenue.19. (a) Burial (b) AUG 23 1948
(Date received local registrar) (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5915 Wells Avenue. 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd.
year 1948 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from 6/1/47 to 8/22/48, 1948
that I last saw him alive on 8/22/48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Vascular Disease
Due to Senility

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

Major findings: None
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? None
(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)
(e) Means of injury None
23. Signature George L. Pleitsch (M. D. or other) MD
Address 5915 Wells Avenue Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

Dr. Pierce J. Reilly.
6125a Bartmer Avenue.
Hours 10 to 11 A.M.
Cabanny 5187

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

Clement. McHenry

Licensed Embalmer No.

3732

P. O. Address

St. Louis

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.