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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34572**  
**9564**  
Registrar's No. \_\_\_\_\_

FILED NOV 12 1948

Registration District No. **318** Primary Registration District No. **1003**

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 days  
In this community 5 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Rosetta Pointer  
3: (b) If veteran, name war No  
3: (c) Social Security No. None

4. Sex Female 5. Color or race Negro  
6: (a) Single, widowed, married, divorced Widow  
6: (b) Name of husband or wife Willie Pointer  
6: (c) Age of husband or wife if alive Deceased  
7. Birth date of deceased March 14, 1892  
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 16  
If less than one day hr. min.

9. Birthplace Marianna Arkansas  
(City, town, or county) (State or foreign country)  
10. Usual occupation House-maid  
11. Industry or business Own Home

MOTHER FATHER  
12. Name Allen Johnson  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Dora Johnson  
15. Birthplace Marianna Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Helmon Pointer  
(b) Address 1402 Glasgow  
17. (a) Burial (b) Date thereof 11-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C. J. Nash  
(b) Address 38 St. J. Place  
19. (a) NOV 3 1948 (b) J. B. Lanier  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1402 N Glasgow  
27 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 30  
year 1948 hour 4 minute 45 P. M.  
21. I hereby certify that I attended the deceased from Oct. 9 1948 to Oct. 30 1948  
that I last saw her alive on Oct. 30 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease with Decompensation  
Duration Undet.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Cirrhosis of Liver (?) Not Verified  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy None  
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)  
(a) \_\_\_\_\_ (b) Means of injury \_\_\_\_\_  
23. Signature Oscar Daniels (M. D. or other)  
Address 2601 N Whittier St. Date signed 11/1/48

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

**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.....

*Clarence Crooms*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Charles King*

..... Licensed Embalmer No. *4289*

P. O. Address *3847 Page*

**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.**