

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34644
State File No. _____
9386
Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnes Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 days
(Specify whether _____)
In this community _____
years, months or days no

3. (a) PRINT FULL NAME Alice Mary Sampson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased 12 27 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Louis Maerschal

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

14. Maiden name Roseanna Jeanley

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

16. (a) Informant Harry Sampson

(b) Address Rt 4 Edwardsville 222

17. (a) Removal (b) Date thereof 10-27-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwardsville, Mo
Rowland Mortuary Service

18. (a) Signature of funeral director _____
(b) Address 4104 Manchester Ave.

19. (a) OCT 30 1948 (b) J. B. Laster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County _____
(c) City or town Edwardsville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1948 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from September 21, 1948, to October 27, 1948.
that I last saw her alive on October 27, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary infarction Duration _____
- at lower lobe. 8 days

Due to Rheumatic Heart Disease 1 1/2 yrs.
- inactive.

Due to _____

Other conditions Cerebral thrombosis 2 weeks
(Include pregnancy within 3 months of death)
and encephalomalacia

Major findings: _____
Of operations _____
Of autopsy Pulmonary infarction in at.
lower lobe, Rheumatic heart disease
found in lower with encephalomalacia

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) _____ (e) Means of injury _____

23. Signature C. J. Vermillion (M. D. or other) _____
Address Barnes Hospital Date signed _____

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

MOTHER FATHER

9886

APR 21 1955

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.....

J. Allen Davis Jr

Licensed Embalmer No..... *25043*

P. O. Address..... *St. Louis 10 Mo*

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.