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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38290

FILED DEC 8 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10258

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2902a Sheridan Avenue

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 13 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2902a Sheridan Avenue (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Jones

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 14, (Day) 1899 (Year)

8. AGE: Years 49 Months II Days If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business

FATHER

12. Name Henry Knolean

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

MOTHER

14. Maiden name Susie Sneed

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

16. (a) Informant Mrs. Margie Cardell

(b) Address 2902a Sheridan Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof II/30/48 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director [illegible]

(b) Address 3615-17 Easton Avenue

19. (a) NOV 26 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28 rd, year 1948 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 9-17-48, 19, to 11-23-48, 19; that I last saw h or alive on 11-22-48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chr.

Due to Nephritis Chronic; Cardiac Valvular disease (Mitral Regurgitation)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Max J Biermann (M. D. or other)

Address 2335 Franklin Date signed 11/26/48

(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 Leroy U. Bannister

Licensed Embalmer No. 4523

P. O. Address 3800 Easton Ave

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.