

No. 3906
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41913
State File No. _____
Registrar's No. 11171

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution 1209 1/2 N. JEFFERSON
(d) Length of stay: In hospital or institution 25 YEARS
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000
(c) City or town ST. LOUIS 17
(d) Street No. 1209 1/2 N. JEFFERSON 4
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME SALLIE MADE
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 22
year 1948 hour 10 minute 30 A.M.

4. Sex F-3 5. Color or race COL
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 MAR 15 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1948 to Dec 22 1948
that I last saw _____ alive on Dec 20 1948
and that death occurred on the date and hour stated above.

9. AGE: Years 80 Months 9 Days 7
If less than one day hr. _____ min. _____

Immediate cause of death Coronary Heart Disease
Due to _____
Duration 1

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

Due to _____
Other conditions _____
Physician CHRISTOPHER DERRINITY

10. Usual occupation MILL

Major findings: _____
Of operations _____

11. Industry or business _____

Of autopsy _____
Underline the cause to which death should be charged statistically.

12. Name CHARLEY HEART

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

14. Maiden name CHAIRTY

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

16. (a) Informant LULA BOYD

(b) Address 1209 1/2 N. JEFFERSON

17. (a) BURIAL (b) Date thereof Dec 28 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EAST ST. LOUIS ILL.

18. (a) Signature of funeral director F. A. Green
(b) Address 4214 Belmont Blvd.

19. (a) DEC 27 1948 (b) J. B. Sarsua
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
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 Sam H. Stafford (M. D. or other) _____
Address 925 N. Jefferson Date signed 1/22/49

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

MOTHER FATHER

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..... *Quinton W. Swan*
Licensed Embalmer No..... *4580*
P. O. Address..... *4214 Delmar*

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.