

FILED MAR 10 1950

STANDARD CERTIFICATE OF DEATH

6043  
State File No. ....  
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2021

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 541. So. Ewing	
3. NAME OF DECEASED (Type or Print) Irene		4. DATE OF DEATH (Month) (Day) (Year) Feb. 26 1950	
5. SEX 3 Female		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
6. COLOR OR RACE Col		8. DATE OF BIRTH Mar. 15. 1884	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		11. BIRTHPLACE (State or foreign country) West Point Miss	
13a. FATHER'S NAME Not Known		13b. MOTHER'S MAIDEN NAME Chorlett Young	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pylonephritis INTERVAL BETWEEN ONSET AND DEATH Undet.	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Undetermined	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-21, 1950, to 2-26, 1950, that I last saw the deceased alive on 2-26, 1950, and that death occurred at 11:45P m., from the causes and on the date stated above.			
23a. SIGNATURE James J. Redneck		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 2-28-50		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Mar. 3		24c. NAME OF CEMETERY OR CREMATORY Oak Dale	
24d. LOCATION (City, town, or county) (State) St. Louis County		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Lester	
DATE REC'D BY LOCAL REG. MAR 2 1950		ADDRESS 2769 Chantrel	

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *S. J. Watson*

Signed.....

Student Embalmer

Licensed Embalmer No. *2695*

P. O. Address. *2769 Chouteau*

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.