S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1946

• STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29028

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6889

1. PLACE OF DEATH:

(a) County
(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 18 days (Specify whether
In this community 50 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1323 Blair St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Santiago

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 1 (Day) 95 (Year)

8. AGE: Years 51 Months 5 Days 2 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Thomas Strickland
13. Birthplace Unknown (City, town, or county) Unk (State or foreign country)

MOTHER
14. Maiden name Sarah Wilkerson
15. Birthplace Missouri (City, town, or county) Mo (State or foreign country)

16. (a) Informant Cecil Duboise
(b) Address St Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Dale

18. (a) Signature of funeral director J. Randle & Son
(b) Address 3133 Bell St. Louis, Mo.

19. (a) AUG 7 1946 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1946 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from July 16, 1946 to August 3, 1946 that I last saw her alive on August 3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia with Broncho-Pneumonia	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 D W Brown (M. D.)
Address 2601 N Whittier Date signed 8-6-46

(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 Jas H Randle

Licensed Embalmer No. Not Embalmed

P. O. Address.....

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.