

S. No. 2
M-2.43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32175
Registrar's No. 8325

FILED OCT 7 1946

Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: Homer Phillips Hosp.
(d) Length of stay: In hospital or institution 2 1/2 MOS
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 22
(c) City or town St Louis
(d) Street No. 1537 Papin St
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Lillie Samelton
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 25
year 1946 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from 21 July 9, 1946, to Sept. 28, 1946
that I last saw h. er alive on Sept. 28, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race negro
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 18 1895
(Month) (Day) (Year)

Immediate cause of death
Kidney and Gallbladder
Cholecystitis and Cholelithiasis
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

8. AGE: Years 51 Months 6 Days 18
If less than one day _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy No
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

9. Birthplace Tunica Miss.
10. Usual occupation Housewife at Home
11. Industry or business _____
12. Name Anderson James
13. Birthplace Tunica Miss.
14. Maiden name Emma James
15. Birthplace Tunica Miss.
16. (a) Informant Mrs Lora Church
(b) Address 1030 Logan St. Venice Ill.
17. (a) Removal (b) Date thereof Sept 30 1946
(c) Place: burial or cremation East St Louis Ill.
18. (a) Signature of funeral director J. Marshall
(b) Address 2205 Mo. Ave. East St Louis Ill.
19. (a) SEP 20 1946 (b) J. F. Bredbeck
(Date of death) (Registrar's signature)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature G. B. Williams (M. D. or other) _____
Address 2601 N Whittier Date signed 9/30/46

(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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Ben. H. Baldurin

Licensed Embalmer No. 2420

P. O. Address C. St. Louis Ill

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.