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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 24 1947**  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **6244**  
Registrar's No. **1569**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County ST. LOUIS  
(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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 YEARS (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME ANNIE EWING  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 3. 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 JAN 21 1877  
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name MORRIS WALKER  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name FRANKIS WILLIAMS  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant EDGER ROBINSON  
(b) Address 2809 WALNUT

17. (a) BURIAL (b) Date thereof FEB 17 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation GREENWOOD CEM.

18. (a) Signature of funeral director F. A. GREEN  
(b) Address 2715 FRANKLIN AVE.

19. (a) FEB 15 1947 (b) J. F. Budek  
(Date received local registrar) (Registrar's signature)

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. 2809 WALNUT  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month FEB day 12 year 1947 hour 8 minute 10 P.  
21. I hereby certify that I attended the deceased from Jan 5  
that I last saw her alive on Feb 13 1947  
and that death occurred on the date and hour stated above. 1947

Immediate cause of death Hypertensive Heart disease Duration 2 yrs

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Franklin T. Loring (M. D. or other) \_\_\_\_\_  
Address 1651 Franklin Ave Date signed Feb 13 1947

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

**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

*J. A. Green*

Licensed Embalmer No.

*2963*

P. O. Address.

*2915 Franklin*

**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.**