

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7054

State File No. 2374

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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 6 days  
In this community..... Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1724 a N Whittier  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3  
year 1947 hour 12 minute 5 P.  
21. I hereby certify that I attended the deceased from  
2-25- 1947 to 3-3 1947  
that I last saw her alive on Mar. 3 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Acute Coronary Thrombosis  
Duration Undet.

Due to.....  
Due to.....  
Other conditions None  
(Include pregnancy within 3 months of death)

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

22. If death was due to external causes, fill in the following:  
(c) 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 Clifford C. Hancock (M. D. or other)  
Address 2601 N Whittier Date signed 3/5/47

3. (a) PRINT FULL NAME Helen Travis  
3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex Female 5. Color or race Col  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Isaac  
6. (c) Age of husband ~~at death~~ alive 50 years  
7. Birth date of deceased: May 14, 1898.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 9 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Henry Wallace  
13. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gordon  
15. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Johnson  
(b) Address 1724 North Whittier St.

17. (a) Burial (b) Date thereof 3/10/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son  
(b) Address 3133 Bell Ave.

19. (a) MAR 9 1947 (Date received local registration)  
J. M. Randle (Registrar's signature)

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

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

Licensed Embalmer No. *2698*.....

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.**