

No. 2
2-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11732**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2809**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Homer G Phillips Hospital**
(d) Length of stay: In hospital or institution **13 days**
In this community **years, months or days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(d) Street No. **3301 Chouteau**
(e) Citizen of foreign country? **(Yes or No)**
If yes, name country

3. (a) PRINT FULL NAME **Louis Yancey**
3. (b) If veteran, name war **3. (c) Social Security No.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar.** day **4**
year **1947** hour **5** minute **10 A** M.
21. I hereby certify that I attended the deceased from **2-19-** **1947** to **3-4** **1947**;
that I last saw him alive on **Mar. 4,** **1947**;
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Wid. 2**
6. (b) Name of husband or wife **Not known** 6. (c) Age of husband or wife if alive **Not known**
7. Birth date of deceased **Not known**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Arteriosclerosis** Duration **Undet.**
Due to **97**
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy **None**

8. AGE: Years **abt - 72** Months **?** Days **?** If less than one day hr. min.
9. Birthplace **Not known** (City, town, or county) (State or foreign country) **9**
10. Usual occupation **Labored**

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name **Not known**
13. Birthplace **" "** (City, town, or county) (State or foreign country) **9**
14. Maiden name **Not known**
15. Birthplace **" "** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Elizabeth Rhodes**
(b) Address **2601 N Whittier St**

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?

17. (a) (b) Date thereof **3-9-47** (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director **W. Keating**
(b) Address **3500 Rutledge St**
19. (a) **MAR 28 1947** (Date received local registrar) (b) **J. F. Bredesch** (Registrar's signature)

23. Signature **Edward B. Williams** (M. D. or other) **2**
Address **2601 N Whittier** Date signed **3/10/47**

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.....

Licensed Embalmer No.....

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. .