No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 23 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22285

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5716

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 12 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2202 Walnut 9
(If rural, give location) 22
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lucille Hale
3. (b) If veteran, name war
3. (c) Social Security No. Unknown
4. Sex Female
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ? Hale
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 23, 1909 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
37	7	12	hr. min.

9. Birthplace Memphis, Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Maid
11. Industry or business
FATHER 12. Name Sam Rutland
13. Birthplace Alabama (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lucy Thompson
15. Birthplace Alabama (City, town, or county) (State or foreign country)
16. (a) Informant Ella Gibson
(b) Address 2127 Eugenia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery
18. (a) Signature of funeral director E. B. Koonce
(b) Address 1221 N. Grand Blvd.
19. (a) JUN 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1947 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from May 24, 1947 to June 5, 1947 that I last saw her alive on June 5, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis, Far Advanced	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 of 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 Edw. L. Williams (M. D. or other)
Address 2601 N Whittier Date signed 6/6/47

Jefferson City Printing Co.
(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 Leroy U. Bannister, Registered Apprentice No. 405, working under my personal supervision.

Signed Eugene Miles

Licensed Embalmer No. 3623

P. O. Address 1221 N. Gran

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.