S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40310

FILED DEC 6 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10955

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether

In this community 15 Yrs.
years, months or days)

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. 3437 Walnut St 9
(If rural, give location)

(e) Citizen of foreign country? 18 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Weathers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 14 (Day) 1914 (Year)

8. AGE: Years 33 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Clarksdale (City, town, or county) Miss. (State or foreign country) 1

10. Usual occupation Hoise-wife

11. Industry or business

FATHER
12. Name Wilson Pair
13. Birthplace South Carlinia (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Maloney Pair
15. Birthplace South Carlinia (City, town, or county) (State or foreign country) 1

16. (a) Informant Hymie Pair Pendleton

(b) Address 1404 Pendleton St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 2 47 (Month) (Day) (Year)

(c) Place: burial or cremation Green Wood Cemby

18. (a) Signature of funeral director A. J. Burks

(b) Address 212 Carroll St

19. (a) Nov 1 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1947 hour 8 minute 20 a M.

21. I hereby certify that I attended the deceased from Nov. 15, 1947 to Nov. 28, 1947 that I last saw her alive on Nov. 28, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia — Duration Undet.

Due to

Due to

107

Other conditions Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

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 0

23. Signature Oscar Daniels (M. D. or other)

Address 2601 N Whittier Date signed 11/29/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 1 - 1947

Embalmer separate cert to be filed

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.