S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1948

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43385

Primary Registration District No. 1003

Registrar's No. 11894

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 Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ord
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2517 Cora Ave
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Janise Osborne
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F 3
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Burell Osborne
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 5 (Month) 24 (Day) 1876 (Year)
8. AGE: Years 71 Months 7 Days 1 If less than one day ..... hr. ..... min.
9. Birthplace Girard (City, town, or county) Ala. (State or foreign country)
10. Usual occupation House wife
11. Industry or business Home
MOTHER FATHER
12. Name George Mabry
13. Birthplace Girard (City, town, or county) Ala. (State or foreign country)
14. Maiden name Sallie Bellinger
15. Birthplace Seals (City, town, or county) Ala. (State or foreign country)
16. (a) Informant Mrs Sallie Davis
(b) Address 2517 Cora Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation Washington
18. (a) Signature of funeral director G. W. Bruce
(b) Address 4469 Washington
19. (a) DEC 29 1948 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1947 hour 5 minute 25 P. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Contrib. Fracture of neck
Left femur w/ hem. sh. fed Ant
Due to fed at the Hospital time
Date unknown
Due to .....

Duration

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) Accident
(b) Date of occurrence Unk
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Homer Phillips (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature Alfred Perry (M. D. or other) 3
Address Oppelt Clinic Date signed 12/29/47

(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 Frederick P. Stark, Registered Apprentice No. 74, working under my personal supervision.

Signed Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo.

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.