No. 300
—10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2280

Registration District No. 318

Primary Registration District No. [illegible]

Registrar's No. 296

1. PLACE OF DEATH: —

(a) County

(b) City or town St. Louis - Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jewish Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY.
(Specify whether

In this community 50 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3411 Manhattan 7
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Cora Alice Black.

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Sept. (Month) 9th (Day) 1883 (Year)

8. AGE: Years 64 Months 5 Days 1 If less than one day — hr. — min.

9. Birthplace Dillon - Phelps Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Curtis Representative

11. Industry or business Magazine

FATHER
12. Name James Henry Black
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Sarah Emeline
15. Birthplace St. James (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mary E. Black

(b) Address 3411 Manhattan ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Jan. 12 - 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Parker Sund Co

(b) Address WEBSTER GROVES. Mo.

19. (a) JAN 11 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 10
year 1948 hour 7:00 minute A: M.

21. I hereby certify that I attended the deceased from JAN. 6 - 1948, 19__, to JAN. 10, 1948, that I last saw her alive on JAN. 9, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to

Due to

Other conditions Carcinoma of breast
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

50

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 Sam F. Wennerman (M. D. or other)

Address Mo. Theatre Bldg Date signed 1-10-48

(Licensed Embalmer's Statement on Reverse Side)

mil

San

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.