No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6979
Registrar's No. 1225

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 5 days (Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4403 Evans Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Othello Saulsberry
3. (b) If veteran, name war --
3. (c) Social Security No. 489-01-3913
4. Sex Male
5. Color or race C
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louise
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June 27, 1888 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	7	5	hr. min.

9. Birthplace Owensboro (City, town, or county) Ky. (State or foreign country)
10. Usual occupation Pastry cook
11. Industry or business Kresge Store
FATHER 12. Name John Saulsbury
13. Birthplace Owensboro (City, town, or county) Ky. (State or foreign country)
MOTHER 14. Maiden name Mary Jackson
15. Birthplace Owensboro (City, town, or county) Ky. (State or foreign country)
16. (a) Informant Louise Saulsbury
(b) Address 4403 Evans Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) FEB 5 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1948 hour 9 minute 10 p M.
21. I hereby certify that I attended the deceased from Jan. 28, 1948 to Feb. 2, 1948 that I last saw him alive on Feb. 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease; Hypertension	
Probable Cerebral Thrombosis	
Diabetes Mellitus	
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 Oscar L. Daniels (M.D. or other)
Address 2601 N Whittier Date signed 2/3/48

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 Guy Shelton, Registered Apprentice No. 3, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 4259

P. O. Address 4107 [illegible]

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.