

S. No. 300
M-10-47
v. 5-17-39
I 3905

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10856
Registrar's No. 2468

Registration District No. 318

Primary Registration District No. 1003

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

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
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Allen Word
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Sally
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE Years Months Days If less than one day
65 Unknown hr. _____ min.

9. Birthplace Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name George Word
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Laura
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant E. Rhodes
(b) Address 2601 N Whittier

17. (a) Burial (b) Date thereof 3 13 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood CEM

18. (a) Signature of funeral director J. A. Green
(b) Address 4214 Delmar
WAR 12 1948

19. (a) _____ (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 917 Bayard
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 9
year 1948 hour 8 minute 10 am.
21. I hereby certify that I attended the deceased from
Mar. 4, 1948 to Mar. 9, 1948
that I last saw him alive on Mar. 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Probable Carcinoma of the Colon;
Degenerative Heart Disease with
xxx Decompensation

Due to _____
Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Ascar J Daniels (M. D. or other) _____
Address 2601 N Whittier Date signed 3/10/48

Duration
Undet.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

G. C. Year

Licensed Embalmer No.

2963

P. O. Address

4214 DeLamark Blvd.

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.