

No. 300
-10-47
5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAY 11 1948

STANDARD CERTIFICATE OF DEATH

13948

State File No. 4209
Registrar's No.

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
(c) Name of hospital or institution: Homer G Phillips Hospital
(d) Length of stay: 2 days
In this community on or about 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street 8 7312 Broadway 1
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Clara Chitwood
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2 year 1948 hour 8 minute 50 p M.
21. I hereby certify that I attended the deceased from 11 April 30, 1948, to May 2, 1948, that I last saw her alive on May 2, 1948, and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles Chittwood
6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased 12 9 1880

Immediate cause of death Hydrops of Gall Bladder; Generalized arteriosclerosis
Duration

8. AGE: Years 69 Months 14 Days 24
9. Birthplace KNOXVILLE Tenn.
10. Usual occupation HOUSE WIFE

Due to
Due to
Other conditions None
Major findings:
Of operations
Of autopsy Yes

11. Industry or business
12. Name 9
13. Birthplace
14. Maiden name 9
15. Birthplace

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

16. (a) Informant Edith B. Dazier
(b) Address 4453 Berfield Ave
(c) Place: burial or cremation Burial Greenwood Cemetery
17. (a) Burial (b) Date thereof 5-6-48
18. (a) Signature of funeral director Raymond B. Dazier
(b) Address 4453 Berfield Ave
19. (a) MAY 4 1948 (b) J. F. Brennan

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury 0
23. Signature James M. Whittier (M. D. or other)
Address 2601 N Whittier Date signed 5/4/48

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.....

Leroy W. Bannister, Registered Apprentice No. 405
working under my personal supervision.

Signed.....

J. C. Smith

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.