

No. 300
-10-47
-17-39
PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 14 1948

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38106
10391
Registrar's No.

Registration District No. Primary Registration District No.

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: 6 days
In this community 6 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 2321 Eugenia
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 27
year 1948 hour 12 minute a M.
21. I hereby certify that I attended the deceased from Nov. 21, 1948, to Nov. 27, 1948
that I last saw her alive on Nov, 27, 1948
and that death occurred on the date and hour stated above.

4. Sex F 3 5. Color or race ool 6. (a) Single, widowed, married, divorced W 21
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

Immediate cause of death CERVIX, Carcinoma;
KIDNEYS: Pyelonephritis, Chronic
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)

8. AGE: Years About 50 Months - Days - If less than one day hr. min.
9. Birthplace Okoloma, Miss.
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy Yes
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business None
12. Name Nelson Holloman
13. Birthplace Okoloma, Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta ?
15. Birthplace Okoloma, Miss.
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Ira Robinson
(b) Address 2321 Walnut Street
17. (a) Burial (b) Date thereof 12 4 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director J. B. Lasater
(b) Address 4303 Palmer Blvd.
19. (a) NOV 30 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

23. Signature John B Clayton (M. D. or other) 11/29/48
Address Ho or no white paper Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~by~~.....

.....
Registered Apprentice No.

working under my personal supervision.

Signed *Theodore J. Vandell*.....

Licensed Embalmer No. *7243*.....

P. O. Address... *14 Weymouth St*.....

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.