No. 300
-10-47
-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41792
10853

Registration District No. 1003

Primary Registration District No.

Registrar's No.

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 49 Days (Specify whether years, months or days)

In this community 44 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. 1412, Papin Street. (If rural, give location)

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

If yes, name country U.S.A.

3. (a) PRINT FULL NAME Clara. Janie. Roland.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife Mack. Roland

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

7. Birth date of deceased August. 10th 1904 (Month) (Day) (Year)

8. AGE: Years 44 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business Domestict

FATHER
12. Name Robert. Knight.
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary. Ann. Norment.
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Hattie Garrett

(b) Address 1818, ~~Chartrell~~ Chouteau Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/48 (Month) (Day) (Year)

(c) Place: burial or cremation ConCordia. CemEtery

18. (a) Signature of funeral director Price & Walker

(b) Address 2829, Washington. Blvd

19. (a) DEC 15 1948 (Date received local registrar) (b) J B Lucas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1948 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to (a) Post thoracic and/or thoracic burns of the chest posteriorly, partial

Due to (b) Bronchitis, bronchial of the lymphatics

Due to (c) Edema of both lower extremities

Due to (d) Chronic Bronchitis

Other conditions (Include pregnancy within 3 months of death) Clothing became ignited from a gas heater in her home

Major findings: Operation, 4-1-1948 ent

Of autopsy

Duration

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Mar 4 1948

(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? Home (Specify type of place)

While at work? (e) Means of injury Burns

23. Signature Patrick E Taylor (M. D. or other)

Address 1300 Clark Date signed 12-15-48

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed James Matt

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.