

No. 300
1-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41936
State File No. 11273
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3830 Park Avenue., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

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") 17
(d) Street No. 3830 Park Avenue., /
(If rural, give location) 4
(e) Citizen of foreign country? _____ (Yes or No) 17
If yes, name country _____

3. (a) PRINT FULL NAME Josephine White
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 27
year 1948 hour 12 minute 15 a.m.
21. I hereby certify that I attended the deceased from December 26, 1948, to Dec 27, 1948.
that I last saw her alive on Dec 2, 1948.
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 9 1865
(Month) (Day) (Year)

Immediate cause of death _____
Cerebral Thrombosis Duration 2 hours
Due to General Atherosclerosis 5 years
Due to 83
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
83 5 18 hr. _____ min.

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

9. Birthplace Old Mines Missouri /
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home

MOTHER FATHER { 12. Name Leon Coleman 9
13. Birthplace Unavailable Unavailable
(City, town, or county) (State or foreign country)
14. Maiden name Unavailable 12
15. Birthplace Unavailable Unavailable
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Engle
(b) Address 3830 Park Avenue.,
17. (a) Burial (b) Date thereof 12/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)

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? U
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Martin W. Davis (M. D. or other) 12/27/48
Address 539 N. Grand Date signed _____

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) J. B. Larata (b) _____
(Date received local registrar) (Registrar's signature)
DEC 28 1948

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~~, or by Me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Etton R. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.