

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2527  
Registrar's No. 920

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>920</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis MO.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		d. STREET ADDRESS (If rural, give location) <u>III3 O'Fallon St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>III3 O'Fallon St.</u>				d. STREET ADDRESS (If rural, give location) <u>III3 O'Fallon St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Babe</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Callender</u>			4. DATE OF DEATH (Month) <u>Jan</u> , (Day) <u>26</u> , (Year) <u>49.</u>				
5. SEX <u>F.</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>abt -55.</u>	
9. AGE (In years, last birthday) <u>abt -55.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pontiac Real Co</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Boissol Parish LA.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Antny Singleton</u>		13b. MOTHER'S MAIDEN NAME <u>Missouri Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>500-26-7312</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Annie Jacobs Annie Jacobs.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. <u>Coronary Occlusion</u> <u>(Sclerosis)</u> <u>JH</u> <u>11-201</u>							
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>St Louis</u> (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Patrick E. Taylor Coroner</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>1-31-49.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/31/49.</u>		24c. NAME OF CEMETERY OR CREMATORIA <u>H.C. Wilson Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>Shreveport LA.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 31 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasiter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Raymond S. Dozier 4453 Garfield.</u> <u>Raymond S. Dozier</u>			

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

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

J. A. Wyatt

Licensed Embalmer No. 4441

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address 2829 Washington Ave.

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.