

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17627

State File No. 4391

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS				b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) township) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EAST ST. LOUIS		d. STREET ADDRESS (If rural, give location) 1108 BAKER			
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER PHILLIPS HOSPITAL				d. STREET ADDRESS (If rural, give location) 1108 BAKER					
3. NAME OF DECEASED (Type or Print) a. (First) LEONA			b. (Middle) _____		c. (Last) RICH		4. DATE OF DEATH (Month) (Day) (Year) MAY 16 1949		
5. SEX 3 FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 10, 1920		9. AGE (In years last birthday) Months Days 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) LAMAR, MISS			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Payne			13b. MOTHER'S MAIDEN NAME EVELYN FORD			14. NAME OF HUSBAND OR WIFE Cozy Rich Jr.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Cozy Rich Jr.			ADDRESS 1108 BAKER E. ST. LOUIS, ILL.	
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. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Cancer: Malignant II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? 339 331X YES <input checked="" 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) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 339					
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 10:20 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Catrick E. Taylor Coroner				23b. ADDRESS 1300 Pearl			23c. DATE SIGNED 5-18-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE MAY 18, 1949		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) EAST ST. LOUIS ILL.			
DATE REC'D BY LOCAL REG. 5-17-49		REGISTRAR'S SIGNATURE J. B. Lassiter			25. FUNERAL DIRECTOR'S SIGNATURE J. L. Marshall		ADDRESS E. ST. LOUIS, ILL.		

(Licensed Embalmer's Statement on Reverse Side)

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

Approved

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.

Student
Student Embalmer

Signed *Thomas M. Jackson*

Licensed Embalmer No. *4479*

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.