

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17829

State File No. 4394

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 4394		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St Louis)		c. LENGTH OF STAY (in this place) 0 3 days		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		OR TOWN _____		17					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hos,				d. STREET ADDRESS (If rural, give location) 2301 Carr St									
3. NAME OF DECEASED (Type or Print) a. (First) Titus			b. (Middle) _____			c. (Last) Wooten			4. DATE OF DEATH (Month) 5- (Day) 19 (Year) 49				
5. SEX Male 2		6. COLOR OR RACE Col,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Aug. 8th, 1901		9. AGE (In years last birthday) 47		# UNDER 1 YEAR Months Days		# UNDER 100 Hrs. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter			10b. KIND OF BUSINESS OR INDUSTRY For. City, Mfg. Co			11. BIRTHPLACE (State or foreign country) Macon Miss;			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Titus Wooten			13b. MOTHER'S MAIDEN NAME Mollie ?			14. NAME OF HUSBAND OR WIFE Deceased							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. 428-18-6104		17. INFORMANT'S SIGNATURE OR NAME Mary Lee Wooten ADDRESS 1319 R. Blair Ave.									
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) Cardiac Decompensation ANTECEDENT CAUSES DUE TO (b) Hypertensive Heart Disease DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 12 days Undet.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 93		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H43X			
22. I hereby certify that I attended the deceased from 5-11 , 19 49 , to 5-13 , 19 49 , that I last saw the deceased alive on 5-13 , 19 49 , and that death occurred at 9:15 p.m. , from the causes and on the date stated above.													
22a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS 2601 N Whittier St				23c. DATE SIGNED 5-16-49					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-23-49		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.							
DATE REC'D BY LOCAL REG. MAY 17 1949		REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE Ellis Fun. Home ADDRESS 2820 Stoddard St							

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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 Fulton E. Calkin

Signed _____
Student Embalmer

Licensed Embalmer No. 498

P. O. Address St Louis 13. 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.