

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25105

6326

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 Missouri b. COUNTY 002					
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St Louis)		c. LENGTH OF STAY (In this place) 13 days		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		d. STREET ADDRESS (If rural, give location) 2727 Lucas			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				4. DATE OF DEATH (Month) (Day) (Year) July 15, 1949					
3. NAME OF DECEASED (Type or Print) a. (First) Annie		b. (Middle) _____		c. (Last) Mayo		5. SEX Female			
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH 11-2-1893		9. AGE (In years last birthday) 55 yrs 13			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Barber County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Lee Owens		13b. MOTHER'S MAIDEN NAME Mary Cism		14. NAME OF HUSBAND/OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Clarence Owens - 4611 Craycroft					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH Unk	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 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) St Louis MO					
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? 332X					
22. I hereby certify that I attended the deceased from July 2, 1949 , to July 15, 1949 , that I last saw the deceased alive on July 15, 1949 , and that death occurred at 5:18 Pm. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) A. J. Thompson M.D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 7-20-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-23-49		24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cem		24d. LOCATION (City, town, or county) (State) St Louis MO			
DATE REC'D BY LOCAL REG. JUL 21 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE A. L. Beal ADDRESS 2726 Lucas					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACKINK—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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Readone Yardell

Licensed Embalmer No. 4243

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.