

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>217</u> | | PRIMARY REG. DIST. NO. <u>6076</u> | | Registrar's No. <u>1580</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>Mo.</u> b. COUNTY <u>St Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So. Kinloch</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So. Kinloch</u> | | 90 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lurch St</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Lurch St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> | | b. (Middle) <u>HANKERSON</u> | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 2 1949</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>5-10-1893</u> | |
| 9. AGE (In years last birthday) <u>56</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Holly Grove, Ark.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Steve Mullin</u> | | 13b. MOTHER'S MAIDEN NAME <u>PLAS Thomas</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>- - -</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Glas Knox So. Kinloch Mo</u> ADDRESS <u>So. Kinloch Mo</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) <u>Chronic Interstitial Nephritis</u> ANTECEDENT CAUSES <u>Hypotension</u> 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. _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>592 X</u> | |
| 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) _____ | | | |
| 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? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>1-1-1949</u> , to <u>7-2-1949</u> , that I last saw the deceased alive on <u>7-2-1949</u> , and that death occurred at <u>2 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | | | | 23b. ADDRESS <u>St. Kinloch Park Ma</u> | | 23c. DATE SIGNED <u>7-5-49</u> | |
| 24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>BURIAL</u> | | 24b. DATE <u>7-6-1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington PK Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis City Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>7-5-49</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Boyd Bros Funeral Home So Kinloch Mo</u> | | | |

FILED AUG 2 1949

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

Henry C. Williams

Student Embalmer No.

316

working under my personal supervision.

Signed

Henry C. Williams
Student Embalmer

Signed

Edward A. Flynn

Licensed Embalmer No.

1444

P. O. Address

4548^c Pa

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.