

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32239

FILED SEP 24 1949

State File No. \_\_\_\_\_  
Registrar's No. **7946**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>4 years</b>		d. STREET ADDRESS (If rural, give location) <b>2634 a Franklin Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b> b. (Middle) c. (Last) <b>Stovall</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 10 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>November 20, 1894</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Long View, Texas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Andy Jackson</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Turner</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Lillian Wilhoit, 2634a Franklin Ave.</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Decompensation Hypertensive Heart Disease with</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Glomerular Nephritis</b>		"
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Uremia</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>St. Louis Missouri</b>
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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 <b>592-K</b>
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22. I hereby certify that I attended the deceased from **9-7**, 19**49**, to **9-10-49**, 19**49**, that I last saw the deceased alive on **9-10-**, 19**49**, and that death occurred at **4:50p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James J. Hedrick</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>2601 N Whittier St</b>	23c. DATE SIGNED <b>9-12-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-15-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>
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DATE REC'D BY LOCAL REG. <b>SEP 14 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Laester</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ellis Funeral Home, 2820 Stoddard St.</b>	ADDRESS
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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.

Student .....  
Student Embalmer

Signed

*Fulton E. Culkin*

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.