No. 300
10.48

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10591

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2968

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. louis, Mo.
c. LENGTH OF STAY (in this place): 10-21-47 3-25-50
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Infirmary Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri: b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St, Louis Missouri
d. STREET ADDRESS (If rural, give location): 4358 Finney Ave

3. NAME OF DECEASED (Type or Print)
a. (First): LOUISA b. (Middle): JANE c. (Last): HOSKINS

4. DATE OF DEATH (Month) (Day) (Year): Mar 25 1950

5. SEX: Female
6. COLOR OR RACE: Col,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widoed
8. DATE OF BIRTH: unknown About
9. AGE (In years last birthday): 80. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Macon Mississippi
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Jerry Baldwin
13b. MOTHER'S MAIDEN NAME: Unknown.
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO- (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Beaulah Walton 4358 Finney 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years

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. Pneumonia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4200
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 8, 1948, *to* Mar 25, 1950, *that I last saw the deceased alive on* Mar 25, 1950, *and that death occurred at* 9:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Cletus Skrag MD
23b. ADDRESS: 5600 Arsenal St, St Louis
23c. DATE SIGNED: 25 March 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/31/50
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St, Louis MO.

DATE REC'D BY LOCAL REG.: MAR 29 1950
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Price & Dozier Fun Home 2829 Washington

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed James A. Wyatt

Licensed Embalmer No. 4441

P. O. Address 2829 Washing

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

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