

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 10 1950

State File No. 3073

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3073**

1. PLACE OF DEATH a. COUNTY 2017a Cole		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 township) OR TOWN St. Louis, mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2017a Cole St.		d. STREET ADDRESS (If rural, give location) 2017a Cole St.	
3. NAME OF DECEASED (Type or Print) AR MANDA		4. DATE OF DEATH (Month) (Day) (Year) March 31 1950	
5. SEX Female		6. COLOR OR RACE negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 27-1909	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machine operator		9b. KIND OF BUSINESS OR INDUSTRY none	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machine operator		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (State or foreign country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Johnny Young		13b. MOTHER'S MAIDEN NAME Estel Smith	
13c. NAME OF HUSBAND OR WIFE Benjamin Jackson		14. NAME OF HUSBAND OR WIFE Benjamin Jackson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT'S SIGNATURE OR NAME Estel Mallette		17. ADDRESS 2017a Cole St. Louis	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Uterine Cervix INTERVAL BETWEEN ONSET AND DEATH 4 yrs. 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 type="checkbox"/> NO <input type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 171X	
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 3/14 , 19 50 , to 3/31 , 19 50 , that I last saw the deceased alive on 3/30 , 19 50 , and that death occurred at 2 a. m. , from the causes and on the date stated above.	
23a. SIGNATURE J. R. Wentzel (Degree or title) _____		23b. ADDRESS 2726 Chouteau	
23c. DATE SIGNED 3/31/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Shipped April 4/50	
24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY Amory	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE F. A. Green ADDRESS 4214 Delmar	
DATE REC'D BY LOCAL REG. APR 2 1950		REGISTRAR'S SIGNATURE J. B. Rooster	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

G. G. Hean

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.