

FILED MAY 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 14812

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4014

1. PLACE OF DEATH a. COUNTY		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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		e. LENGTH OF STAY (in this place) 20 yrs.	
3. NAME OF DECEASED (Type or Print) a. (First) Pearl		b. (Middle) Mockabee	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) April 30 1950	
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH January 7, 1904
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (State or foreign country) 9
12. CITIZEN OF WHAT COUNTRY? USA.		13. NAME OF HUSBAND OR WIFE Rev. Turner Mockabee	
13a. FATHER'S NAME George Sanford		13b. MOTHER'S MAIDEN NAME Connie Sanford	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Rev. Turner Mockabee, 1339a Eliot St.		ADDRESS	
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) Malignant Hypertension with Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
18. INTERVAL BETWEEN ONSET AND DEATH Undet.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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. HOW DID INJURY OCCUR 2441X	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 4:55, 1950, to 4-30, 1950, that I last saw the deceased alive on 4-30, 1950 and that death occurred at 10:10p m., from the causes and on the date stated above.			
23a. SIGNATURE James J. Dickson		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 5-1-50		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5-6-1950		24c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ELLIS FUNERAL HOME, INC., 2820 Stoddard St.	
DATE REC'D BY LOCAL REG. MAY 3 1950		REGISTRAR'S SIGNATURE ELLIS FUNERAL HOME, INC., 2820 Stoddard St.	

(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 Fulton E. Culkin

Signed.....
Student Embalmer

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.