

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18431

State File No. 4457

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY			
b. CITY OR TOWN St. Louis, Mo		c. LENGTH OF STAY (in this place) 9 yrs		c. CITY OR TOWN St. Louis, Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1128 N. Leonard Ave.		STREET ADDRESS 1128 N. Leonard Ave					
3. NAME OF DECEASED a. (First) Mary			b. (Middle) Maker				
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 5 16 1950				
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow			
8. DATE OF BIRTH May 15, 1861		9. AGE (In years last birthday) 89		10. IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Algiers, La.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Lewis Allen		13b. MOTHER'S MAIDEN NAME Mary ?			
14. NAME OF HUSBAND OR WIFE Dead		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 Pearl Martin		ADDRESS 1128 N. Leonard 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) <u>Lobar Pneumonia, nephritis &amp; arteriosclerotic heart disease</u> 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.				INTERVAL BETWEEN ONSET AND DEATH 5/4/50 to 5/16/50	
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) H90X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 5/4/50 19___, to 5/16/50, 19___, that I last saw the deceased alive on 5/16/50 19___, and that death occurred at 9 P. m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Diskine D. Anderson MD</i>		23b. ADDRESS 3100a Lucas Ave.		23c. DATE SIGNED 5/17/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/18/50		24c. NAME OF CEMETERY OR CREMATORY Algiers, La			
24d. LOCATION (City, town, or county) (State) Algiers, La.		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. B. Sasser</i>		ADDRESS C.W. Roberts 1416 N. Taylor Ave.			

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 Lester E. Culkin

Signed.....  
Student Embalmer

Licensed Embalmer No 4198

P. O. Address St. Louis 137

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.