

No. 300
10-48

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 21497
Registrar's No. 5429

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 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 (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	
c. LENGTH OF STAY (in this place)		219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips		d. STREET ADDRESS (If rural, give location) 4446 Cote Brilliant	

3. NAME OF DECEASED (Type or Print)	a. (First) Beatrice	b. (Middle) L.	c. (Last) Euell	4. DATE OF DEATH (Month) (Day) (Year) June 19, 1950
-------------------------------------	---------------------	----------------	-----------------	---

5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED 7	8. DATE OF BIRTH May 20, 1906	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months 0	IF UNDER 2 WKS. Days 23	Hours	Min.
-----------------	--------------------------	---	-------------------------------	------------------------------------	--------------------------	-------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Yazoo County, Miss., /	12. CITIZEN OF WHAT COUNTRY U. S. A.
---	-----------------------------------	--	--------------------------------------

13a. FATHER'S NAME Burton Woods	13b. MOTHER'S MAIDEN NAME Leora Brown	14. NAME OF HUSBAND OR WIFE Daniel Euell
---------------------------------	---------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Daniel Euell	ADDRESS 4446 Cote Brilliant
--	-------------------------	--	-----------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES		
	DUE TO (b) Ruptured Aorta		
DUE TO (c) Could not be determined if syphilis was involved (supp. report)			
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 checked="" type="checkbox"/> NO <input 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)
--	--	---

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? H51X
--	--	---------------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1000P m., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor, Coroner	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6-21-50
---	-------------------	-------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-24-50	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
--	-------------------	--	---

DATE REC'D BY LOCAL REG. JUN 21 1950	REGISTRAR'S SIGNATURE J. B. Jasator	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. B. Roscoe 1221 N. Grand Blvd.
--------------------------------------	-------------------------------------	---

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ml

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

C. R. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.