

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21861

State File No. ....

FILED JUN 29 1950

|   |                                 |  |  |  |  |   |  |  |
|---|---------------------------------|--|--|--|--|---|--|--|
| BIRTH NO. ....  |                                 | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. <b>5386</b>   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis—Mo.</b>   |                                 |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY .....  |  |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>  |                                 | c. LENGTH OF STAY (in this place)<br><b>40yrs.</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis 2199</b>  |  |   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4473 Washington Ave</b>  |                                 |  |  | d. STREET ADDRESS (If rural, give location)<br><b>4473 Washington Ave.</b>   |  |   |  |  |
| 3. NAME OF DECEASED<br>a. (First) <b>Edith</b>  |                                 |  | b. (Middle) <b>Nofles</b>                        |  | c. (Last) .....                                  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>6 16th 1950</b> |  |
| 5. SEX<br><b>Female 3</b>   | 6. COLOR OR RACE<br><b>Col.</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widower 2</b>   |  | 8. DATE OF BIRTH<br><b>1-15-1877</b>   | 9. AGE (In years last birthday)<br><b>73yrs.</b> |   | IF UNDER 1 YEAR<br>Months Days Hours Min.                      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |                                 | 10b. KIND OF BUSINESS OR INDUSTRY .....  |  | 11. BIRTHPLACE (State or foreign country)<br><b>Texas</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U S A</b>                                |  |  |
| 13a. FATHER'S NAME<br><b>Willie Francis</b>   |                                 |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Francis</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Widower</b>    |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) .....  |                                 | 16. SOCIAL SECURITY NO. ....   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Olivia Reynolds 4473 Washington Ave</b>  |  |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc.* It means the disease, injury, or complication which caused death. |                                 | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertension</b><br><br>DUE TO (c) ..... |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH .....                         |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |                                 | 19a. DATE OF OPERATION .....   |  |  |  |   | 19b. MAJOR FINDINGS OF OPERATION .....                         |  |
| 19a. DATE OF OPERATION .....  |                                 | 19b. MAJOR FINDINGS OF OPERATION .....   |  | 20. AUTOPSY?<br>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) .....  |  | 21d. HOW DID INJURY OCCUR?<br><b>HH3. X</b>                                 |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) .....   |                                 | 21e. 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 <b>Jan 1, 1950</b> , to <b>6-16, 1950</b> , that I last saw the deceased alive on <b>9-27, 19</b> , and that death occurred at <b>9 p. m.</b> , from the causes and on the date stated above. |  |   |  |  |
| 23a. SIGNATURE <b>W. Brown</b> (Degree or title) .....  |                                 |  | 23b. ADDRESS <b>2337 Maple</b>                   |  |  | 23c. DATE SIGNED .....  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) .....   |                                 | 24b. DATE <b>6/20/50</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>9500 Natural Bridge</b> |  |  |
| DATE REC'D BY LOCAL REG. <b>JUN 20 1950</b>   |                                 | REGISTRAR'S SIGNATURE <b>J. B. Lassiter</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Herman J. Smith Mortuary 4247 W. Labadie</b>  |  |   |  |  |

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Laurence E. Woodson

Licensed Embalmer No. 4341

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.