

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1950

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State File No. 24844

Registrar's No. 6633

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 24844		Registrar's No. 6633		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>7 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2189</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G Phillips Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3034 Clark Ave.</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pattie</u> b. (Middle) c. (Last) <u>Haywood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1950</u>							
5. SEX <u>Fem.</u> <u>3</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 10, 1895</u>		9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Augusta, Ark</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Jake Bonaparte</u>			13b. MOTHER'S MAIDEN NAME <u>Lizzie (unk)</u>			14. NAME OF HUSBAND OR WIFE <u>Luther Haywood</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Luther Haywood</u>						ADDRESS <u>3034 Clark</u>
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) <u>Massive Gastro Internal Hemorrhage - Probably lower</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Hypertension</u> Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
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)						
21d. TIME OF INJURY (Month) (Day), (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>78th St</u>						
22. I hereby certify that I attended the deceased from <u>7-22</u> , 19 <u>50</u> , to <u>7-30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-30</u> , 19 <u>50</u> , and that death occurred at <u>4:30 p. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>M. S. Lawrence</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>7-31-50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8/5/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>AUG 3 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>R.M.C. Green, 3517 Laclede</u>					

(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.....

Melvin E. Green

Signed.....
Student Embalmer

Licensed Embalmer No. *4428*

P. O. Address *St. Louis, 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.