S. No. 300
EV. 10.48

1267

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

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25444
Registrar's No. 6631

BIRTH NO. 1 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) HOMER G. PHILLIPS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2219
d. STREET ADDRESS (If rural, give location) 21 1426 N. 19th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Marie
b. (Middle)
c. (Last) Young

4. DATE OF DEATH (Month) (Day) (Year) Aug 1st 1950

5. SEX Female 3
6. COLOR OR RACE col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Jan 26th 1893
9. AGE (In years last birthday) 57 — If under 1 year: Months 6 Days 5 — If under 24 hrs.: Hours Min.

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

13a. FATHER'S NAME John Strong
13b. MOTHER'S MAIDEN NAME Mary Lou Davis
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. -
17. INFORMANT'S SIGNATURE OR NAME Mattie Moore ADDRESS 4623 Kennerly 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) Pulmonary Oedema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Hypertrophy
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? HBH5

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 3:15 A.M., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) 3
23b. ADDRESS 1300 Clark Avenue
23c. DATE SIGNED 8/3/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 7, 1950
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) St. Louis, Co. Mo (State)

DATE REC'D BY LOCAL REG. AUG 9
REGISTRAR'S SIGNATURE J. B. [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE J.H. Randle & Son ADDRESS 3133 Bell Ave

(Licensed Embalmer's Statement on Reverse Side)

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 L. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

Signed.....
Student Embalmer

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.