

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 5 1950

State File No. 28265
Registrar's No. 7319

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 28265		Registrar's No. 7319									
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 City-Infirmiry			LENGTH OF STAY (In days) 4 Months			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2139											
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmiry				13. STREET ADDRESS (If rural, give location) City Infirmiry													
3. NAME OF DECEASED (Type or Print) a. (First) Annie			b. (Middle)			c. (Last) Hathaway			4. DATE OF DEATH (Month) (Day) (Year) August 25, 1950								
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) Ab 92		10. MONTHS 0		11. YEAR 0		12. HOURS 0		13. MIN. 0	
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) ? Arkansas				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				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 Marion Howard				ADDRESS 4118 Finney Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH					
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis										1949 plus					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with Cardio-Renal Syndrone															
		DUE TO (c) Hypertrophic Arthritis.										6 yrs					
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 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? 7231											
22. I hereby certify that I attended the deceased from Nov 8, 1949 , to Aug 25, 1950 , that I last saw the deceased alive on 4:40 p.m., 1950 , and that death occurred at 4:55 p.m., 1950 , from the causes and on the date stated above.																	
23a. SIGNATURE Robert R. Bowditch (Degree or title) M.D.						23b. ADDRESS City Infirmiry				23c. DATE SIGNED 8/25/50							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/30/50		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo											
DATE REC'D BY LOCAL REG. AUG 28 1950		REGISTRAR'S SIGNATURE J. B. Sauter				25. FUNERAL DIRECTOR'S SIGNATURE C.W. Roberts				ADDRESS 1416 N. Taylor Ave							

(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 Fulton E. Culkin

Signed.....
Student Embalmer

Licensed Embalmer No. 4198

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.