

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28704
7:320

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2199		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3945 Delmar Blvd.				d. STREET ADDRESS (If rural, give location) 3945 Delmar Blvd. 0				
3. NAME OF DECEASED (Type or Print) Mettie			a. (First)		b. (Middle) Steadman		c. (Last)	
4. DATE OF DEATH		(Month) 8		(Day) 25		(Year) 1950		
5. SEX 3 Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Dec 15, 1892		
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.		
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) Helena, Arkansas		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Walter Farrington		13b. MOTHER'S MAIDEN NAME Mary Payne		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 None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Farrington Steadman 3945 Delmar				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 Unknown	
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? H43X				
22. I hereby certify that I attended the deceased from May 10, 1950, to August 25, 1950, that I last saw the deceased alive on August 22, 1950, and that death occurred at 9:20 p.m., from the causes and on the date stated above.								
23a. SIGNATURE A. E. ... M.D.				(Degree or title)		23b. ADDRESS 11 N. Jetterson St. Louis, Mo.		
23c. DATE SIGNED 8-28-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/31/50		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		
24d. LOCATION (City, town, or county) St. Louis, Mo.		(State)		DATE REC'D BY LOCAL REG. AUG 28 1950		REGISTRAR'S SIGNATURE J. B. ...		
25. FUNERAL DIRECTOR'S SIGNATURE C.W. Roberts				ADDRESS 1416 N. Taylor Ave.				

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.....
Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13

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.