

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31917

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8019	
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 town) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				d. STREET ADDRESS (If rural, give location) 2932 Lawton Ave.,			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Cornelius		c. (Last) Singleton		4. DATE OF DEATH (Month) (Day) (Year) Sept. 19 1950	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <input checked="" type="checkbox"/>	8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) Abt. 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Edwards, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alex Singleton		13b. MOTHER'S MAIDEN NAME Martha Briggs		14. NAME OF HUSBAND OR WIFE Mary Singleton			
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. None		17. INFORMANT'S SIGNATURE OR NAME Erastus Singleton		ADDRESS 2833 Lawton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) decompensated; DUE TO (c) Chronic Intestinal II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 592X					
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 2:57 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE Patrick E. Taylor Coroner (Degree or title) _____				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9.22.50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/24/50	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) Edwards,		(State) Mississippi	
DATE REC'D BY LOCAL REG. SEP 22 1950		REGISTRAR'S SIGNATURE J. B. Lanier		25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry		ADDRESS 4202 Finney Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 28 1950

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.

Emb. sent filed separately
Signed.....

Student Embalmer No.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.