

FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

 State File No. 35713
 Registrar's No. 2483

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		State File No. <u>35713</u>		Registrar's No. <u>2483</u>				
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 <u>St Louis</u>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mellston</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mellston</u>		30 <u>4:30 p</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>6135 Minerva Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>6135 Minerva Avenue</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>			b. (Middle) <u>Douglas</u>			c. (Last) <u>Douglas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10/11/50</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1/25/1873</u>		9. AGE (In years last birthday) <u>77</u>	# UNDER 1 YEAR Months	# UNDER 6 HRS. Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plasterer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>? Douglas</u>			13b. MOTHER'S MAIDEN NAME <u>Chaney Young</u>			14. NAME OF HUSBAND OR WIFE <u>Susie Douglas</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WED. Henry Douglas, Jr.</u> ADDRESS <u>904 Ennis Ave</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>Coronary Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> 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 <u>2 1/2 hr</u>		
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____								
22. I hereby certify that I attended the deceased from <u>Oct 10</u> , 19 <u>50</u> , to <u>October 11, 1950</u> , that I last saw the deceased alive on <u>October 11, 1950</u> , and that death occurred at <u>6:15 p m.</u> , from the causes and on the date stated above.												
23a. SIGNATURE <u>P. Rusan, M.D.</u> (Degree or title)				23b. ADDRESS <u>243a E. Kirkham</u>				23c. DATE SIGNED <u>10/13/50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/16/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>			24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>OCT 14 1950</u>		REGISTRAR'S SIGNATURE <u>H. Romke M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas. J. Gates, 4107 Finney Avenue</u>							

(Licensed Embelmer's Statement on Reverse Side)

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

No. 300
10-48

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.....

John K. Cunningham

Signed.....
Student Embalmer

Licensed Embalmer No. 4476

P.O. Address 4107 Finney Avenue

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.