

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38869

State File No. ....

FILED DEC 1 1950

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. ....

9817

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 8 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1722 Nicholson Place		4. STREET ADDRESS (If rural, give location) 1722 Nicholson Place	
3. NAME OF DECEASED (Type or Print) ALMEDA		4. DATE OF DEATH (Month) (Day) (Year) November 18, 1950	
5. SEX F / W		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2		8. DATE OF BIRTH 7-25-1859	
9. AGE (In years last birthday) 91		10. IF UNDER 1 YEAR OF UNDER 15 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Hugh Crocker		13b. MOTHER'S MAIDEN NAME Patsy Dennis	
14. NAME OF HUSBAND OR WIFE Solomon		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Florence Laws	
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.		17. ADDRESS 1220 Goodfellow Blvd	
18. CAUSE OF DEATH 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) 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 Several years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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 H22.2		22. I hereby certify that I attended the deceased from year 1945, to 11-18-1950, that I last saw the deceased alive on 11-18-1950, and that death occurred at 4:20 P.M., from the causes and on the date stated above.	
22a. SIGNATURE Clyde G. Lane		22b. ADDRESS 706 Walton	
22c. DATE SIGNED 11-18-50		22d. DEGREE OR TITLE	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-20-50	
23c. NAME OF CEMETERY OR CREMATORY Nelson		23d. LOCATION (City, town, or county) (State) Banner, Missouri	
DATE RECORDED BY LOCAL REG. NOV 20 1950		REGISTRAR'S SIGNATURE J. Blaster	
24. FUNERAL DIRECTOR'S SIGNATURE McLAUGH		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2301 Lafayette Avenue	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Clyde E. Kane  
706 Walton Avenue

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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.....

*LR Cooper*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

*3633*

P. O. Address.....

*221 Kuyper*

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.