

FILED DEC 1 1950  
116755

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39059

Registrar's No. 9903

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9903</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1.</b>				d. STREET ADDRESS (If rural, give location) <b>1631 So. 13th Street</b>			
3. NAME OF DECEASED (Type or Print), a. (First) <b>ZENIA</b>		b. (Middle) _____		c. (Last) <b>SKILES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 19th, 1950</b>	
5. SEX <b>F!</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>		8. DATE OF BIRTH <b>9-17-1908</b>	
9. AGE (in years last birthday) <b>42</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house-wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at Home</b>		11. BIRTHPLACE (State or foreign country) <b>Flat River, Missouri</b>		12. CITIZEN OF WHAT COUNTY <b>MS</b>	
13a. FATHER'S NAME <b>Henry Kishou</b>		13b. MOTHER'S MAIDEN NAME <b>Phoebe Marler</b>		14. NAME OF HUSBAND OR WIFE <b>Claude</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Claude Skiles 1631 So. 13th Street</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rheumatic heart disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral and pulmonary embolism</b>					
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? <b>H/6X</b>			
22. I hereby certify that I attended the deceased from <b>11/17/50</b> to <b>11/19/50</b> , that I last saw the deceased alive on <b>11/19/50</b> , and that death occurred at <b>6:20 pm</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Robert E. Thomson M.D.</b> (Degree or title)				23b. ADDRESS <b>1515 Lafayette Ave.,</b>		23c. DATE SIGNED <b>11/20/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-22-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Hope</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, MO</b>	
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <b>J. B. Sasser</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin Funeral Home 2301 Lafayette</b>			

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.....

*H. G. Farris*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3384*

P. O. Address *H. G. Farris*

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.