

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2753  
529

FILED JAN 26 1951

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1113 N. 14th ST. R</b>				d. STREET ADDRESS (If rural, give location) <b>23 1113 N. 14th ST. R</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>PINKIE</b>		b. (Middle) _____		c. (Last) <b>MCCARTY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 17, 1951</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10-15-1905</b>		9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. 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 _____		11. BIRTHPLACE (State or foreign country) <b>LITTLEBA / ARK.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>WILL GARDNER</b>		13b. MOTHER'S MAIDEN NAME <b>FANNIE ?</b>		14. NAME OF HUSBAND OR WIFE <b>ROBERT MCCARTY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>ROBERT MCCARTY</b> ADDRESS <b>1113 N. 14th ST. R</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension</b>  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
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>H2H X</b>			
22. I hereby certify that I attended the deceased from <b>1-9, 1951</b> , to <b>1-17, 1951</b> , that I last saw the deceased alive on <b>1-9, 1951</b> , and that death occurred at <b>2:35 Am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>X. A. Hill M.D.</b>				23b. ADDRESS <b>1427 Franklin</b>		23c. DATE SIGNED <b>1-17-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL U</b>		24b. DATE <b>1-24-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON PARK</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MO</b>		
DATE REC'D BY LOCAL REG. <b>JAN 18 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Lanter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Davis - Brown</b>		ADDRESS <b>1405 BIDDLE ST</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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leroy V. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Ector Ave

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.