

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5943
959

FILED FEB 16 1951

State File No.
Registrar's No.

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No.	
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 township) OR TOWN Saint Louis			c. LENGTH OF STAY (in this place) 30 yrs			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis			2192
d. FULL NAME OF HOSPITAL OR INSTITUTION 4328 Enright Ave.				d. STREET ADDRESS (If rural, give location) 4328 Enright Ave.					
3. NAME OF DECEASED (Type or Print)		a. (First) Ella		b. (Middle) Mimms		c. (Last) Casey		4. DATE OF DEATH (Month) (Day) (Year) January 28, 1951	
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH August 15, 1868		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Tennessee			12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Nathaniel Mimms			13b. MOTHER'S MAIDEN NAME Belle Mannon			14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Archel Casey 4328 Enright 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Artery & Belones</i> <i>Paralysis</i> 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. <i>Senility</i>						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) (Min)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 352X							
22. I hereby certify that I attended the deceased from <i>Dec 28, 1950</i> , to <i>Jan 28, 1951</i> , that I last saw the deceased alive on <i>Jan 27, 1951</i> , and that death occurred at <i>2:25 am</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>J. W. Gaddner</i> M.D.				23b. ADDRESS 1005 North Leffingwell			23c. DATE SIGNED 1/29/1951		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/1/1951	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis County Mo.				
DATE REC'D BY LOCAL REG. JAN 30 1951		REGISTRAR'S SIGNATURE <i>J. W. Gaddner</i>			25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates 4107 Finney Ave.				

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.....



Signed.....
Student Embalmer

Licensed Embalmer No. 4259

P. O. Address 4207 2nd St

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.