

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9941

FILED MAR 19 1951

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. <u>10</u>		Registrar's No. <u>1981</u>		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		2119		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ENROUTE to HOMER PHILLIPS</u>				d. STREET ADDRESS (If rural, give location) <u>3900 WEST BELL</u>				
3. NAME OF DECEASED (Type or Print) <u>WILLIE</u>			a. (First)		b. (Middle) <u>CABLE</u>		c. (Last)	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>2-24-51</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>SEPT 2-1902</u>		
9. AGE (in years last birthday) <u>48</u>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</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>DAVE CABLE</u>			13b. MOTHER'S MAIDEN NAME <u>LULA BROOKS</u>			14. NAME OF HUSBAND OR WIFE <u>GEORGIA CABLE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WIFE</u>		16. SOCIAL SECURITY NO. <u>500-16-0740</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nemy Cable 722 NO EOOD</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Went to Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1-2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity 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.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>431X</u>				
22. I hereby certify that I attended the deceased from <u>26 Oct</u> , 19 <u>51</u> , to <u>Death</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>19 Feb</u> , 19 <u>51</u> , and that death occurred at <u>40</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>J. J. Howard, M.D.</u> (Degree or title)				23b. ADDRESS <u>4730 9th Pape Bl</u>		23c. DATE SIGNED <u>28 Feb 51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>		24b. DATE <u>3-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National</u>		24d. LOCATION (City, town, or county) (State) <u>JEFF BARNETT MO</u>		
DATE REC'D BY LOCAL REG. <u>MAR 1 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bennie Lou 3103 Washington</u>				

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

True

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.....

W. Claude Gordon

Signed.....
Student Embalmer

Licensed Embalmer No..... *3489*

P. O. Address..... *4575 Aldene*

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.