

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10196**
Registrar's No. **2495**

FILED MAR 29 1951

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10196		Registrar's No. 2495			
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 St. Louis		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.				1/ STREET ADDRESS (If rural, give location) 4406 N. Market Street							
3. NAME OF DECEASED (Type or Print) Elza Herbert			a. (First)			b. (Middle) Herbert			c. (Last)		
4. DATE OF DEATH 3/12/51			5. SEX Male ✓			6. COLOR OR RACE Negro			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (D)		
8. DATE OF BIRTH 1/10/39			9. AGE (In years last birthday) 12			if UNDER 1 YEAR Months Days			if UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Elza Madison			13b. MOTHER'S MAIDEN NAME Edith Herbert			14. NAME OF HUSBAND OR WIFE					
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 Edith Herbert Barnes ADDRESS 4406 N. Mkt.					
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION <i>subacute Congestion</i> Exter Anesthesia, while undergoing a tonsillectomy at Homer Phillips Hosp at 1135 am on Mar 12 1951 at about						INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
		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 checked="" 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"/>			
								5/01			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1135A m., from the causes and on the date stated above.											
23a. SIGNATURE Patrick C. Taylor (Degree or title) Coroner						23b. ADDRESS 1300 Clark Avenue			23c. DATE SIGNED 3/16/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/17/51		24c. NAME OF CEMETERY OR CREMATORY Wash. Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri					
DATE REC'D BY LOCAL REG. MAR 1 1951			REGISTRAR'S SIGNATURE J B L...			25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates ADDRESS 4107 Finney Avenue					

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.....
Student Embalmer

Signed.....

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.