No. 300
10.46

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

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18343

BIRTH NO. _____ REG. DIST. NO. 318 1003 PRIMARY REG. DIST. NO. _____ Registrar's No. 4981

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2259
STREET ADDRESS (If rural, give location): 1534a Franklin ave

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle):
c. (Last): McNeal

4. DATE OF DEATH (Month) (Day) (Year): May 26 1951

5. SEX: F 3

6. COLOR OR RACE: Col

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 10-4-1893

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sunflower City Miss

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Henry Anderson

13b. MOTHER'S MAIDEN NAME: Rosie Lee Thompson

14. NAME OF HUSBAND OR WIFE: Homer McNeal Dead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Willie B. Tillman 1534a Franklin 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Seborrheic Dermatitis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: HHX

22. *I hereby certify that I attended the deceased from* 5-15 *19* 51, *to* 5-26, *19* 51, *that I last saw the deceased alive on* 5-26, *19* 51, *and that death occurred at* 8:40a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alvin J Thompson M. D.

23b. ADDRESS: 2601 N Whittier St

23c. DATE SIGNED: 5-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify): B

24b. DATE: 6-1-51

24c. NAME OF CEMETERY OR CREMATORY: Washington Park Cemetery

24d. LOCATION (City, town, or county) (State): St Louis Co Mo

DATE REC'D BY LOCAL REG.: MAY 29 1951

REGISTRAR'S SIGNATURE: J B Sanders

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gus Lowe 2950 Dickson St.

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hellard

Signed.....
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4740 Templeton

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.