

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21474  
State File No. 5501

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

|   |                              |  |  |
|---|------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>                    |                              | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b> <b>2229</b>                           |  |
| c. LENGTH OF STAY (In this place)<br><b>10 MO</b>   |                              | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 16, 1951</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St. Louis City Hosp. #1.</b>                                    |                              | 4. STREET ADDRESS (If rural, give location)<br><b>1710a Hickory Street</b>   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>EDNA</b> b. (Middle) <b>A</b> c. (Last) <b>TICE</b> |                              | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 16, 1951</b>  |  |
| 5. SEX<br><b>F</b>  | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>S</b>   | 8. DATE OF BIRTH<br><b>August 25, 1949</b> |
| 9. AGE (In years last birthday) <b>1</b> Months <b>9</b> Days <b>23</b>                                     |                              | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Infant</b>                    |  |
| 10b. KIND OF BUSINESS OR INDUSTRY   |                              | 11. BIRTHPLACE (State or foreign country)<br><b>Hayti, Missouri</b>  |  |
| 12. CITIZEN OF WHAT COUNTRY?  |                              | 13a. FATHER'S NAME<br><b>Calvin Tice</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Louise McPeters</b>   |                              | 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)    |                              | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Calvin Tice</b>   |                              | ADDRESS<br><b>1710a Hickory Street</b>   |  |

|   |  |  |  |                                  |  |
|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal Remarriage Replanned</b><br>ANTECEDENT CAUSES <b>Liver suffered when decaided</b><br><b>and run over by auto driven</b><br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br><b>due to (c) run over of 1202 So 18d St</b><br>DUE TO (c) <b>about 1230 pm June 16 1951</b> |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| II. OTHER SIGNIFICANT CONDITIONS<br><b>Conditions contributing to the death but not related to the disease or condition causing death.</b>  |  |  |  |                                  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 19a. DATE OF OPERATION                     |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>000 Accident</b>  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT (Specify)<br><b>accident</b> |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>alley</b> |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>St Louis Mo</b>    |  |
| 21d. TIME OF INJURY<br><b>June 16 51</b>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?<br><b>E. 81.24</b>                            |  |

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 **4:00 P. m.**, from the causes and on the date stated above. **25**

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 22a. SIGNATURE<br><b>Walter H. Hartman</b>   |  | 22b. ADDRESS<br><b>1300 Clark</b>                       |  | 22c. DATE SIGNED<br><b>6/18/51</b>   |  |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify)<br><b>Burial</b>                      |  | 23b. DATE<br><b>6-19-51</b>                             |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mount Hope</b>                            |  |
| 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b> |  | 23e. NAME OF CEMETERY OR CREMATORY<br><b>Mount Hope</b> |  | 23f. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b> |  |
| DATE REC'D BY LOCAL REG.<br><b>JUN 19 1951</b>                                     |  | REGISTRAR'S SIGNATURE<br><b>J. B. Laster</b>            |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>McLaughlin's</b>                            |  |
|  |  |   |  | ADDRESS<br><b>2501 Lafayette Avenue</b>  |  |

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

*Wm*

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 *L. R. Cooper*

Licensed Embalmer No. *5633*

P. O. Address *2317 Lafayette*

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.