

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24388

State File No.

FILED AUG 7 1951

6604

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
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 town or township) <u>St. Louis, Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1919 Goode Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Jessie</u>		c. (Last) <u>Cable</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept 20, 1881</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Days		IF UNDER 1 HR. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Day Work</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Cable</u>		13b. MOTHER'S MAIDEN NAME <u>Zammor Young</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Cable 4728 Luduc Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Auricular Fibrillation</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H2O</u>			
22. I hereby certify that I attended the deceased from <u>7-7</u> , 19 <u>51</u> , to <u>7-22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-22</u> , 19 <u>51</u> , and that death occurred at <u>4 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Laruss W. Harris M. D.</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>7-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7/25/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>	
DATE REC'D BY LOCAL REG. <u>JUL 24 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lester</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.W. Roberts 1416 N. Taylor Ave.</u>			

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

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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.....

Annie Roberts

Signed.....
Student Embalmer

Licensed Embalmer No. 4439

P. O. Address 1416 N. Taylor

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.