

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24973**
6669

FILED AUG 7 1951

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 3219	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 718a N. Compton Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 718a N. Compton Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) Burns c. (Last) Manahan		4. DATE OF DEATH (Month) (Day) (Year) July 21 1951	
5. SEX Female 3	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Divorced 3	8. DATE OF BIRTH Nov. 18, 1910
9. AGE (In years last birthday) 40		IF UNDER 1 YEAR Months 8 Days 3	IF UNDER 1 HS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meid		10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (State or foreign country) West Point, Miss.
12. CITIZEN OF WHAT COUNTRY? U. S. A.			

13a. FATHER'S NAME Douglas Burns		13b. MOTHER'S MAIDEN NAME Mahalia Hood		14. NAME OF HUSBAND OR WIFE -	
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 Jessie Hayes ADDRESS 718a N. Compton Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Stenosis		DUE TO (b) none		none	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) none			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		none			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X	

22. I hereby certify that I attended the deceased from **18 at 1920**, to **7-31 1951**, to **7-21 1951**, that I last saw the deceased alive on **7-21 1951** and that death occurred at **4 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE J. H. Randle (Degree or title)		23b. ADDRESS 4730th Page Ave		23c. DATE SIGNED 24 July 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 28, 1951		24c. NAME OF CEMETERY OR CREMATORY Mount Zion	
24d. LOCATION (City, town, or county) (State) West Point, Miss.		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son		ADDRESS 3133 Bell Ave.	
DATE REC'D BY LOCAL REG. Jul 26 1951		REGISTRAR'S SIGNATURE J. B. Lavater			

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

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.....

S. J. Watson

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.