

No. 300
10. 48

35391

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9117

FILED NOV 2 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, Mo. c. LENGTH OF STAY (In this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2249

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Hospital
STREET ADDRESS (If rural, give location) 1313a Wyoming

3. NAME OF DECEASED a. (First) Virginia b. (Middle) _____ c. (Last) Mellon 4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1951

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 8. DATE OF BIRTH Oct. 10, 1911 9. AGE (In years last birthday) 39 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U

13a. FATHER'S NAME Earl Fisher 13b. MOTHER'S MAIDEN NAME Mabel Barker 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. no 17. INFORMANT'S SIGNATURE OR NAME Mabel Francis ADDRESS 1313a Wyoming

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) Subacute Tuberculosis
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
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 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? NO TX

22. I hereby certify that I attended the deceased from _____ 1950 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:55 P m., from the causes and on the date stated above.

23a. SIGNATURE Cathie E Taylor, Owner (Degree or title) 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 10.16.51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 11-18-51 24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem. 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. OCT 16 1951 REGISTRAR'S SIGNATURE V. Earl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS 6322 S. Grand Bl

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

David Van Fossen

Licensed Embalmer No. *7242*

P. O. Address *6322 So. Grand*

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.