

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39227

State File No. _____

FILED DEC 1 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10348

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis MO		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Walnut		d. STREET ADDRESS (If rural, give location) 615 Walnut			

3. NAME OF DECEASED (Type or Print) a. (First) THURMAN		b. (Middle)		c. (Last) HAZEL KAGE		4. DATE OF DEATH (Month) (Day) (Year) 7/5 5 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 1888 alt		9. AGE (In years last birthday) 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) Unk		10b. KIND OF BUSINESS OR INDUSTRY Unk		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Unk		13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE Unk	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y No, or unknown) (If yes, give rank or dates of service) Unk		16. SOCIAL SECURITY NO. Unk		17. INFORMANT'S SIGNATURE OR NAME J.E. Taylor Coronet		ADDRESS 1300 Clark	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis				INTERVAL BETWEEN ONSET AND 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 <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? M O 2 X			

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 4:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. E. Taylor Coronet		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11/14/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) 1		24b. DATE NOV 21		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
		24d. LOCATION (City, town, or county) (State)			

DATE REC'D BY LOCAL REG. NOV 21		REGISTRAR'S SIGNATURE J. E. Taylor M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service		ADDRESS 4104 Manchester Ave.	
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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 _____

Students of Mortuary College

working under my personal supervision.

Student Embalmer No.

Signed.....

Student Embalmer

Signed

James A. Lammers

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.