

FILED JAN 10 1952

STANDARD CERTIFICATE OF DEATH

42982
State File No. 11054
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2119</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4137 Evans</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Cora</u>	b. (Middle)	c. (Last) <u>Hall</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct. 24 1867</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>65</u>	10. 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>None</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Houston Gowder</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>None</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>Undet.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-vascular Disease</u> DUE TO (c) <u>Undetermined</u>		<u>Undet.</u>
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>442X</u>
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22. I hereby certify that I attended the deceased from 11-27, 1951 to 12-5, 1951, that I last saw the deceased alive on 12-5, 1951, and that death occurred at 11:05am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. O. Clay M. D.</u>	23b. ADDRESS <u>2601 N Whittier St.</u>	23c. DATE SIGNED <u>12-6-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12/9/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanley Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Caldwell Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>DEC 14 1951</u>	REGISTRAR'S SIGNATURE <u>J. O. Clay</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Clay</u>	ADDRESS <u>Clay Funeral Home Forrest City, Ark</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 18 1952

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.