

No. 300
10. 48

APR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7958

State File No.

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair, Missouri</u> <u>0360</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>Price</u> c. (Last) <u>Windom</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 17 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept 7, 1890</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR: Months <u>6</u> Days <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cooking</u>		11. BIRTHPLACE (State or foreign country) <u>Monroe, Louisiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Tommie Windom</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Flournoy</u>		14. NAME OF HUSBAND OR WIFE <u>Catherine Windom</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>702-05-5546</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Katherine Windom</u>	

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, assthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Bronchietasis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>months</u>	
		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. <u>Chronic Gastritis -</u>		<u>months</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>526x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-12-, 1950, to 3-17-, 1952, that I last saw the deceased alive on 3-17-, 1952 and that death occurred at 6-4, m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Mitchell, M.D.</u>		23b. ADDRESS <u>St. Clair, Mo.</u>		23c. DATE SIGNED <u>3/17/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>March 20, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jefferson Barracks</u>	
				24d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>3-18-1952</u>		REGISTRAR'S SIGNATURE <u>E. L. Worthington</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sherrill W. Mitchell St. Clair, Mo.</u>	
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M. (Licensed Embalmer's Statement on Reverse Side)

Notary Public
Comm. Expires: 10-14-52
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

March, 1952.

360
1

SEP 23 1952

SEP 14 1952

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 Sheldon W. Mitchell

Signed.....
Student Embalmer

Licensed Embalmer No. 3873

P. O. Address St. Clair, Mo.

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.