

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9736

State File No.

FILED MAR 24 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2001**

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 OR TOWN St. Louis)		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2229
d. FULL NAME OF HOSPITAL OR INSTITUTION 1706 Austin		d. STREET ADDRESS (If rural, give location) 22 - 1706 Austin 0	

3. NAME OF DECEASED (Type or Print) a. (First) Beatrice		b. (Middle)	c. (Last) Bright	4. DATE OF DEATH (Month) (Day) (Year) Feb. 28 52	
5. SEX F	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 22, 1904	
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY Pension		11. BIRTHPLACE (State or foreign country) Greenville, Miss.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Chris Robinson		13b. MOTHER'S MAIDEN NAME Mary Smith	
13c. NAME OF HUSBAND OR WIFE Anthony Bright		14. NAME OF HUSBAND OR WIFE Anthony Bright		14. NAME OF HUSBAND OR WIFE Anthony Bright	

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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertrude Berry 1706 Austin	
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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) Acute Coronary Occlusion		II. OTHER SIGNIFICANT CONDITIONS		Due week	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	

22. I hereby certify that I attended the deceased from **2-23**, 1952, to **2-28**, 1952, that I last saw the deceased alive on **2-28**, 1952, and that death occurred at **9 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Charles D. Adams MD		23b. ADDRESS 826 N. Channing St. Houston, TX 77011-52		23c. DATE SIGNED 2-28-52	
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24a. BURIAL/CREMATION REMOVAL (Specify) Removal		24b. DATE 3-3-52		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis County		24e. LOCATION (City, town, or county) (State)		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL MAR 3 1952		REGISTRAR'S SIGNATURE J. Carl Smith MA		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1221 N. Grand	
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(Licensed Embalmer's Statement on Reverse Side)

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  _____

Licensed Embalmer No. 4755

P. O. Address 1221 N. 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.