

STANDARD CERTIFICATE OF DEATH

14210

State File No.

APR 25 1952

318

1003

Registrar's No. 3087

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. 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 OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) 4279 W. Aldine Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4279 W. Aldine Avenue		e. STREET ADDRESS (If rural, give location) 4279 W. Aldine Avenue	

3. NAME OF DECEASED (Type or Print) Octavia Douglas			4. DATE OF DEATH (Month) (Day) (Year) 3/30/52		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 9/27/90		9. AGE (In years last birthday) 61		10. UNDER 1 YEAR (Months) (Days) 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Simsport, Louisiana	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Adolph Colby		13b. MOTHER'S MAIDEN NAME Hannah Wills		14. NAME OF HUSBAND OR WIFE Dangerfield Douglas	
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. None		17. INFORMANT'S SIGNATURE OR NAME Chas. D. Douglas, 4270 W. Aldine Ave	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Insufficiency DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		INTERVAL BETWEEN ONSET AND DEATH about 3 days	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION -		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Mar 19, 1952, to Mar 30, 1952, that I last saw the deceased alive on Mar 30, 1952, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE DR. G. B. KEY <i>G. B. Key</i>		23b. ADDRESS #4 S. Compton Avenue		23c. DATE SIGNED APR. 2, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/3/52		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 2 1952 <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates, 4107 Finney Avenue	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

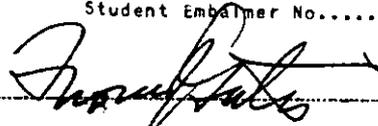
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....



Signed.....
Student Embalmer

Licensed Embalmer No. 4259

P. O. Address. 4107 Finney Avenue

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.