

JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23078

State File No. \_\_\_\_\_

Registrar's No. 1621

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 1621	
1. PLACE OF DEATH a. COUNTY St. Louis County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roberson Robertson		c. LENGTH OF STAY (In this place) Oct 15/52		3. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roberson		4060	
d. FULL NAME OF HOSPITAL OR INSTITUTION Florence & Highland				e. STREET ADDRESS (If rural, give location) Florence & Highland 0			
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle)		c. (Last) Black		4. DATE OF DEATH (Month) (Day) (Year) 6-16-52	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-10-1883		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 3	IF UNDER 1 YEAR Days
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None - ODD JOBS		11. BIRTHPLACE (State or foreign country) Mississippi /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Moses Black		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bessie Black Mitchell 3139 Coles (Overland)			
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) Unknown natural cause					unk	
	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 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)		7955	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Herbert R. Domke Local Registrar				23b. ADDRESS 651 S. Brentwood, Clayton		23c. DATE SIGNED 6-19-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-19-52		24c. NAME OF CEMETERY OR CREMATORY Washington Park National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Bk. Missouri	
DATE REC'D BY LOCAL REG. 6-16-52		REGISTRAR'S SIGNATURE Herbert R. Domke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home Inc. 2820 Staddard			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
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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 *Fulton E. Culkin*

Licensed Embalmer No. *498*

P. O. Address *St. Johns 13*

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.