No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 3 - 1952

State File No. 29408

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7719

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2219
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 21 3322 Delmar Avenue

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) c. (Last) Elam

4. DATE OF DEATH: (Month) August (Day) 11 (Year) 1952

5. SEX: Male 2
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 16, 1907
9. AGE (In years last birthday): 45 — If under 1 year: Months 3, Days 25 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10b. KIND OF BUSINESS OR INDUSTRY: General Mdse.
11. BIRTHPLACE (State or foreign country): Wickliffe, Kentucky
12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME: George Elam
13b. MOTHER'S MAIDEN NAME: Beulah Lett
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-18-7299
17. INFORMANT'S SIGNATURE OR NAME: Pearl Love ADDRESS: 3334a Franklin

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension — Interval between onset and death: Undetermined

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardio Vascular Disease — Interval: "

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 ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 441X

22. *I hereby certify that I attended the deceased from* August 5, 19 52, *to* Aug. 11, 19 52, *that I last saw the deceased alive on* Aug. 11, 1952, *and that death occurred at* 11:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Edna E. Brooks (Degree or title) M.D.
23b. ADDRESS: 2601 N. Whittier St.
23c. DATE SIGNED: August 11, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 11
24b. DATE: Aug. 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: AUG 13 1952
REGISTRAR'S SIGNATURE: J. Earl Smith MD
MDB

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: J. H. Randle & Son 3133 Bell Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Signed.....
Student Embalmer

Licensed Embalmer No. 269 B

P. O. Address 279 Chu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.