

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29440

State File No. ....

FILED SEP 3- 1952

318

1003

Registrar's No. .... 7732

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>20 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3100 Magazine Street</u>	
3. NAME OF DECEASED a. (First) <u>Marie</u> (Type or Print)		b. (Middle) <u>Fletcher</u> c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 4, 1952</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	
8. DATE OF BIRTH <u>Dec. 19, 1891</u>		9. AGE (In years) (last birthday) <u>60</u> If under 1 year: Months Days If under 100 hours: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Roland Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie (Unknown)</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. of unknown) (If yes, give war or dates of service) <u>Unknown</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gladys Jenkins (friend) 3100 Magazine</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe Malnutrition and Generalized Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Undetermined</u> ANTECEDENT CAUSES <u>Generalized Arteriosclerosis</u> DUE TO (b) <u>Undetermined</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 . . . . . (Specify) <u>SUICIDE</u> HOMICIDE	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>4500</u>		22. I hereby certify that I attended the deceased from <u>July 31, 1952</u> , to <u>Aug. 4, 1952</u> , that I last saw the deceased alive on <u>Aug. 4, 1952</u> , and that death occurred at <u>6:00 A. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>William H. Sinkler M.D.</u>		23b. ADDRESS <u>2601 N. Whittier St.</u>	
23c. DATE SIGNED <u>August 7, 1952</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>8-7-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OKDALE CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO., MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Burks &amp; Southern 3506 Franklin Ave.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 14 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> <u>mjs</u> (Licensed Embalmer's Statement on Reverse Side)	

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

Director.

body was reclaimed from this certificate

**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.....  
Student Embalmer

Signed John J. Yondell

Licensed Embalmer No. 4243

P. O. Address Wichita, Kans. 67201

**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.