

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **29793**

FILED SEP 3- 1952

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

7775

1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2219</b>	
b. CITY (If outside corporate limits: write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits: write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3035 Dickson Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rena</b>		b. (Middle) <b>Mays</b>	
c. (Last) <b>Mays</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 14, 1952</b>	
5. SEX <b>Female 3</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated 7</b>	8. DATE OF BIRTH <b>May 15, 1918</b>
9. AGE (In years last birthday) <b>34</b>		10. MONTHS <b>2</b>	11. YEAR <b>29</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Holly Spring, Miss. /</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Will Moore</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarsh Jefferies</b>		14. NAME OF HUSBAND OR WIFE <b>Curry Mays</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Will Moore</b>
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.		17. ADDRESS <b>3035 Dickson St.</b>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malignant Hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undetermined</b>	
ANTECEDENT CAUSES <b>Undetermined</b>		DUE TO (b) <b>Undetermined</b>	
DUE TO (c) <b>Undetermined</b>		DUE TO (c) <b>Undetermined</b>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>445X</b>	
22. I hereby certify that I attended the deceased from <b>July 23, 1952</b> , to <b>Aug. 14, 1952</b> , that I last saw the deceased alive on <b>Aug. 14, 1952</b> , and that death occurred at <b>10:55 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Edna E. Brooks</b>		23b. ADDRESS <b>2601 N. Whittier Street</b>	
23c. DATE SIGNED <b>August 15, 1952</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5 8-19-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shipped--Jackson, Tenn.</b>	24d. LOCATION (City, town, or county) (State) <b>Jackson, Tenn.</b>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>AUG 15 1952</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. Keane</b>	
25. ADDRESS <b>1221 N. Grand</b>			

(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*C. Creams*

Signed.....

Student Embalmer

Licensed Embalmer No. *4755*

P. O. Address *1221 N. Main*

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.