

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33597**  
Registrar's No. **8329**

No. 300  
10-48

FILED SEP 25 1952

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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 <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Missouri</b>		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2219	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Peoples Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>3041 Lawton Blvd.</b>			
3. NAME OF DECEASED (Type or Print) <b>Mable</b>	a. (First)	b. (Middle) <b>Celeste</b>	c. (Last) <b>Womble</b>	4. DATE OF DEATH	8 30 52	
5. SEX <b>3</b> <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 30, 1889</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Hot Springs Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</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>488-30-4751</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Willie B. Eckles 3100 Lawton Blvd.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>By pulmonary heart disease</b> 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.					INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
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) _____		21f. HOW DID INJURY OCCUR <b>443X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <b>4/15, 1952</b> , to <b>8/30, 1952</b> , that I last saw the deceased alive on <b>8/30, 1952</b> and that death occurred at <b>3:45</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Vernon C. Rupp MD</b>			23b. ADDRESS <b>3146 1/2 Lockdale</b>		23c. DATE SIGNED <b>9/2/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 5, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>SEP 3 1952</b>	REGISTRAR'S SIGNATURE <b>Charles Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ed Koame 1227 1/2 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Joseph E. Brown*

Licensed Embalmer No. 4755

P. O. Address 12217 Lynden

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.