No. 300
10.48

FILED DEC 2 1952

STANDARD CERTIFICATE OF DEATH

State File No. 40532

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10203

1. PLACE OF DEATH
a. COUNTY 4365 St. Ferdinand (St. Louis) Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 28yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4365 St. Ferdinand

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2119 n
d. STREET ADDRESS (If rural, give location) 4365 St. Ferdinand

3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) Mitchel c. (Last)

4. DATE OF DEATH (Month) 11 (Day) 3 (Year) 52

5. SEX Female **6. COLOR OR RACE** Negro **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) widowed **8. DATE OF BIRTH** 3-18-1870 **9. AGE** (In years last birthday) 82 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

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

13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME Josephine Richard
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Ruth Brown **ADDRESS** 4365 St. Ferdinand

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 18 mo.

ANTECEDENT CAUSES

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

DUE TO (b) Senility

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? 4343

22. *I hereby certify that I attended the deceased from* April 10, 1951, *to* Oct 3, 1952, *that I last saw the deceased alive on* Oct 3, 1952, *and that death occurred at* 11 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE W. L. Haynes (Degree or title) D.O.
23b. ADDRESS 2929 Marcus Ave
23c. DATE SIGNED Oct. 4, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Memoral
24b. DATE 11-10-52
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) St. Louis (State) Mo

DATE REC'D BY LOCAL REG. NOV 6 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Manuel Und. Co. **ADDRESS** 4059 Finney
(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 W. Claude Gordon

Signed.....
Student Embalmer

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.