

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43704**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11700**

FILED JAN 10 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pronounced Dead at Homer G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 5039 Ridge Ave.	

3. NAME OF DECEASED (Type or Print) EDDIE		c. (Last) PAGE		4. DATE OF DEATH Dec. 18 1952	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Oct. 8, 1900	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor & Maintenance		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Swan Lake, Arkansas	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Tom Page		13b. MOTHER'S MAIDEN NAME Ida Crater	
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) Yes W. W. #1		16. SOCIAL SECURITY NO. 352-09-3186	
17. INFORMANT'S SIGNATURE OR NAME Lou Ida Harrison		ADDRESS 5039 Ridge Ave.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Branch Pneumonia	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Branch Pneumonia		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Branch Pneumonia			
		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 checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 491X	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 1200 Clark		23c. DATE SIGNED 12/19/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 19, 1952		24c. NAME OF CEMETERY OR CREMATORY Langford Cemetery		24d. LOCATION (City, town, or county) (State) Langford Arkansas	
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DATE REC'D BY LOCAL REG. DEC 19 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son		ADDRESS 3133 Bell Ave.	
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

S. J. Watson
Licensed Embalmer No. *2698*

P. O. Address *2769 Houston*

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.