

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45102

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12084

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2127		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4614 Newberry Terrace			d. STREET ADDRESS (If rural, give location) 12 4614 Newberry Terrace			
3. NAME OF DECEASED (Type or Print) a. (First) Dora b. (Middle) Stovall c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 12-29-52			
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 29 1894	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ulman Mayweather		13b. MOTHER'S MAIDEN NAME Celia Tatum		14. NAME OF HUSBAND OR WIFE James Stovall		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Stovall 4614 Newberry Terrace		
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Mitral Insufficiency</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <i>year</i>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 410x		
22. I hereby certify that I attended the deceased from 12/30, 1952, to 12/30, 1952, that I last saw the deceased alive on 12/30, 1952, and that death occurred at 10 p.m., from the causes and on the date stated above.						
23a. SIGNATURE <i>James T. DeLuch</i>			23b. ADDRESS 2607 1/2 Franklin Ave		23c. DATE SIGNED 12-30-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-3-53		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, County Mo.
DATE REC'D BY LOCAL REG. DEC 31 1952		REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home Inc. 2820 Stoddard St.		

(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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address 1000 137th

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.