

## STANDARD CERTIFICATE OF DEATH

1003

State File No. 2961

0475

FILED JAN 28 1953

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis MO</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>21 3014 1/2 Thomas</u>	
3. NAME OF DECEASED (Type or Print) <u>Heater</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 12, 1953</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>Colored</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Dec. 25, 1856</u>	
9. AGE (In years last birthday) <u>96</u>		10. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Briscoe Nelson</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Hawkins</u>	
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 <u>Willie Collins, 3014 Thomas</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>  ANTECEDENT CAUSES DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
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? <u>332X</u>		22. I hereby certify that I attended the deceased from <u>1-8</u> 19 <u>53</u> , to <u>1-12</u> 19 <u>53</u> , that I last saw the deceased alive on <u>1-12</u> 19 <u>53</u> and that death occurred at <u>12:40</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Charles P. Harde M.D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>	
23c. DATE SIGNED <u>1-13-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Jan 14/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. G. Green</u>	
DATE REC'D BY LOCAL REG. <u>JAN 16 1953</u>		ADDRESS <u>4214 Delmar</u>	

(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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

2963

4214 Delmar

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.