

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7625**

No. 300
10-48

FILED FEB 26 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1697**

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) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 3867 Bell Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Alice	b. (Middle)	c. (Last) Hearns	4. DATE OF DEATH (Month) (Day) (Year) Feb. 9 1953
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5. SEX Female	6. COLOR OR RACE COL.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 7/18/1889	9. AGE (In years) (Months) (Days) 63	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	11. BIRTHPLACE (City, and State or Foreign Country) HOLLY SPRINGS MISS.	12. CITIZEN OF WHAT COUNTRY?
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME KEEPER	11. BIRTHPLACE (City, and State or Foreign Country) HOLLY SPRINGS MISS.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME JOHN WILKINSON	13b. MOTHER'S MAIDEN NAME ALICE LEWIS	14. NAME OF HUSBAND OR WIFE WADE WOOD HEARNS
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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. 496-22-6669	17. INFORMANT'S SIGNATURE OR NAME BERT HEARNS	ADDRESS 3530 N. TAYLOR
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Gastric Ulcer		INTERVAL BETWEEN ONSET AND DEATH Undet.
	ANTECEDENT CAUSES DUE TO (b) Undetermined <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c) Abdominal Fluids and Adhesions <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Auricular Fibrillation		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 5401
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22. I hereby certify that I attended the deceased from **2-3**, 19**53**, to **2-9**, 19**53**, that I last saw the deceased alive on **2-9**, 19**53**, and that death occurred at **2:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Carl G. Hollins (Degree or title) M. D.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 2-11-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 2/11/53	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEME.	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.
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DATE REC'D BY LOCAL REG. FEB 13 1953	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Will Bruce	ADDRESS 4414 Washington
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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 *Frederick P. Stark*

Licensed Embalmer No. *4599*

P. O. Address *St. Louis*

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.