

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 26 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1464**

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 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 21 3314 Franklin	
3. NAME OF DECEASED (Type or Print) Eloise		a. (First) Eloise	b. (Middle) Lang
c. (Last) Lang		4. DATE OF DEATH (Month) (Day) (Year) Feb. 4 1953	
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 17, 1905
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Alabama
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jim Boykins	
13b. MOTHER'S MAIDEN NAME Sally Christian		14. NAME OF HUSBAND OR WIFE Unk,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If relative war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucy Blakley, 1519 A Webster, Ave.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		DUE TO (b) Undetermined		Undet.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Essential Hypertension		"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	260X

22. I hereby certify that I attended the deceased from **1-14**, 19 **53** to **2-4**, 19 **53**, that I last saw the deceased dying on **2-4**, 19 **53**, and that death occurred at **4:40 P.M.**, from the causes and on the date stated above.

22a. SIGNATURE <i>Charles R. Harde</i>	(Degree or title) 0	23b. ADDRESS 2601 North Whittier, St	23c. DATE SIGNED 2.6.1953
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24a. BURIAL, CREMATION, OR OTHER (Specify)	24b. DATE Feb, 9th 53,	24c. NAME OF CEMETERY OR CREMATORY Washington, Park.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. FEB 6 1953	REGISTRAR'S SIGNATURE <i>Charles Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Atkins Bros, Und, Co.</i>	ADDRESS 3644 Finney, Ave
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(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

Louis V. [Signature]

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.