

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11648

State File No.

2480

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

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	
c. LENGTH OF STAY (In this place)		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hospital		d. STREET ADDRESS (If rural, give location) 19 3819 Olive Street	
3. NAME OF DECEASED a. (First) Cecelia (Type or Print)		b. (Middle) Hampton c. (Last)	
4. DATE OF DEATH March 4, 1953 (Month) (Day) (Year)		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 1892		9. AGE (In years last birthday) 60 OF UNDER 1 YEAR: Months _____ Days _____ OF UNDER 2 MRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and State or Foreign Country) Greenville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Richard Weston		13b. MOTHER'S MAIDEN NAME Rebecca Lee	
14. NAME OF HUSBAND OR WIFE Frank Hampton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Frank Hampton ADDRESS 3819 Olive Street	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Labor Pneumonia; fallow ing injuries suffered in collision between car operated by one Sylvester Taylor in which deceased was a passenger and car operated by one Anthony Beaumont at intersection of Beaumont and Olive Street	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION about 255 pm Oct 25 1952	
20. ACCIDENT (Specify) Accident SUICIDE HOMICIDE		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) St. Louis Mo.	
21a. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY Oct 25 522 pm	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E8164	
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 620A m., from the causes and on the date stated above. 26			
23a. SIGNATURE Patrick E Taylor (Degree or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3. 6. 53.		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3-6-53		24c. NAME OF CEMETERY OR CREMATORY Pleasant Valley Cem.	
24d. LOCATION (City, town, or county) (State) Greenville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington	
DATE REC'D BY LOCAL REG. MAR 5 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

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 ME

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis, Mo.

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.