

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16207**
Registrar's No. **4422**

FILED MAY 14 1953

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

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 town) St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		e. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2149	
f. STREET ADDRESS (If rural, give location) 4928 Lindenwood 14		g. STREET ADDRESS (If rural, give location) 0.	
3. NAME OF DECEASED (Type or Print) a. (First) Magnolia b. (Middle)		c. (Last) Sessom	
4. DATE OF DEATH (Month) (Day) (Year) April 28 1953		5. SEX Female 3	
6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 18, 1901		9. AGE (In years last birthday) 51 If UNDER 1 YEAR: Months 4 Days 10 Hours 10 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Samuel Howard		13b. MOTHER'S MAIDEN NAME Georgiana Black	
14. NAME OF HUSBAND OR WIFE Turner Sessom		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 Turner Sessom ADDRESS 4928 Lindenwood	
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) Pulmonary Infarct ANTECEDENT CAUSES DUE TO (b) Thrombophlebitis with Varicose DUE TO (c) Ulcers of right Leg II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 463X		22. I hereby certify that I attended the deceased from 4-10 , 19 53 , to 4-28 , 19 53 , that I last saw the deceased alive on 4-28 , 19 53 , and that death occurred at 4:55p m. , from the causes and on the date stated above.	
23a. SIGNATURE Thomas H. Brewer (Degree or title) M. D.		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 4-29-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5/4/53		24c. NAME OF CEMETERY OR CREMATORY Greenwood Gem	
24d. LOCATION (City, town, or county) (State) 6571 ST. LOUIS, MO.		24e. DATE REC'D BY LOCAL REG. APR 30 1953	
REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Conkie L. Toney 3129 Lucas	

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

James A. Cortes

Licensed Embalmer No. _____

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.