

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16342**  
Registrar's No. **3935**

FILED MAY 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 2319</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2629 Pine</b>		d. STREET ADDRESS (If rural, give location) <b>21 2629 Pine 0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b> b. (Middle) c. (Last) <b>Washington</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-12-53</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 10, 1894</b>
9. AGE (In years last birthday) <b>59</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Columbus, Miss</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>International Shoe Co.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Henry Washington</b>	13b. MOTHER'S MAIDEN NAME <b>Mattie Easley</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Washington</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>492-01-6226</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Washington</b> ADDRESS <b>2629 Pine</b>
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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) <b>Chronic Myo-Carditis</b>		DUE TO (b) <b>Rheumatism &amp; neuritis</b>		
*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)		
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 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)
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? <b>4222</b>

22. I hereby certify that I attended the deceased from **April 7, 1953**, to **April 12, 1953**, that I last saw the deceased alive on **April 11, 1953**, and that death occurred at **11:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Smith</b> (Degree or title)	23b. ADDRESS <b>3000 - E. ...</b>	23c. DATE SIGNED <b>4-14-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-17-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, MO.</b>
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DATE RECD BY LOCAL REG. <b>APR 15 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. K. ...</b> ADDRESS <b>1221 N. Grand</b>
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**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 Larence Creamer

Licensed Embalmer No. 4755

P. O. Address 1271 N. Grand

**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.