

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19659

FILED JUN 10 1953

318

1003

Registrar's No.

5282

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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 OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				d. STREET ADDRESS (If rural, give location) 4508 Newberry Place			
3. NAME OF DECEASED (Type or Print) a. (First) Louise		b. (Middle) _____		c. (Last) Mallory		4. DATE OF DEATH (Month) (Day) (Year) May 24, 1953	
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 20, 1924	
9. AGE (In years last birthday) 29		10. MONTHS 0		11. DAYS 24		12. HOURS 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.				13a. FATHER'S NAME Matthew Rucker		13b. MOTHER'S MAIDEN NAME Aline Bowens	
14. NAME OF HUSBAND OR WIFE Noble Mallory				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. 425-38-8298	
17. INFORMANT'S SIGNATURE OR NAME Jessie Mae Draper				ADDRESS 1311 N. Garrison Ave.			
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Maniac Depressive Psychosis						INTERVAL BETWEEN ONSET AND DEATH Undetermined	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) _____							
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 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) _____		21d. (COUNTY) _____	
21e. (STATE) _____		21f. HOW DID INJURY OCCUR? _____		21g. _____		21h. _____	
21i. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21j. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21k. _____		21l. _____	
22. I hereby certify that I attended the deceased from Aug. 11, 1952 , to May 24, 1953 , that I last saw the deceased alive on May 24, 1953 , and that death occurred at 9:55 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE H. J. Erwin				23b. ADDRESS 2601 N. Whittier Street		23c. DATE SIGNED May 26, 1953	
23d. (Degree or title) M.D.		23e. _____		23f. _____		23g. _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 27, 1953		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Holly Springs, Miss.	
DATE REC'D BY LOCAL REG. MAY 26 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Jas. H. Randle & Son		ADDRESS 3133 Bell Ave.	

(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 _____

.....
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.