

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26286

FILED JUL 31 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6403

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>121 5084 Kensington</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Easter</u> c. (Last) <u>Draper</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>25</u> (Year) <u>1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 20, 1906</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Gurdon, Ark.</u>
13a. FATHER'S NAME <u>Henry Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Sparks</u>	14. NAME OF HUSBAND OR WIFE <u>Morris Draper</u>
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 ADDRESS <u>Tollie Johnson 5084 Kensington</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular Disease and Secondary Anemia</u> DUPLICATE (b) <u>Undetermined</u> DUPLICATE (c) <u>Carcinoma of Cervix - Epidermoid</u> 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	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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? <u>'171X</u>			
22. I hereby certify that I attended the deceased from <u>5-11</u> , 19 <u>53</u> , to <u>6-25</u> , 19 <u>53</u> that I last saw the deceased alive on <u>6-25</u> , 19 <u>53</u> , and that death occurred at <u>6:20p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. Alan Harris M. D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>	
23c. DATE SIGNED <u>6-26-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Shipped</u>		24b. DATE <u>June 27/53</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Mineral Springs, Ark</u>	
DATE REC'D BY LOCAL REG. <u>JUN 27 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith md.</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. A. Green 4214 Delmar Blvd</u>	

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.....  
Signature of Student Embalmer

Signed..... *F. C. Green*  
Licensed Embalmer No. *296*  
P. O. Address..... *4214 John*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.