

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1953

State File No. 30224

7169

BIRTH NO. 72463 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 <i>Mo.</i> b. COUNTY <i>2219</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place) <i>23 hrs</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		0
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Romer Phillips</i>			d. STREET ADDRESS (If rural, give location) <i>21 3302 Washington Blvd</i>		

3. NAME OF DECEASED (Type or Print) a. (First) <i>LINDA</i> b. (Middle) <i>KATHLEEN</i> c. (Last) <i>MARS</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>7 20 53</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (If widow)	8. DATE OF BIRTH <i>Oct 22 1950</i>	9. AGE (In years last birthday) <i>9</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>St. Louis, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>0</i>		

13a. FATHER'S NAME <i>Willie Mars</i>		13b. MOTHER'S MAIDEN NAME <i>Delores Betts</i>		14. NAME OF HUSBAND OR WIFE <i>+</i>	
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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 <i>Delores Betts Mars</i>			ADDRESS <i>302 Washington</i>
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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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			<i>Bronch's Pneumonia</i>			<i>0</i>
* 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 checked="" 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? <i>491X</i>

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 _____ m., from the causes and on the date stated above.

22a. SIGNATURE <i>Patrick L Taylor</i>	(Degree or title) <i>Coroner</i>	22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>7-21-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>7-24-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>GREENWOOD</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., MO.</i>
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DATE REC'D BY LOCAL REG. <i>JUL 23 1953</i>	REGISTRAR'S SIGNATURE <i>Paul Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>P. Watkins</i>	ADDRESS <i>Funeral Home 2700 Thomas</i>
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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

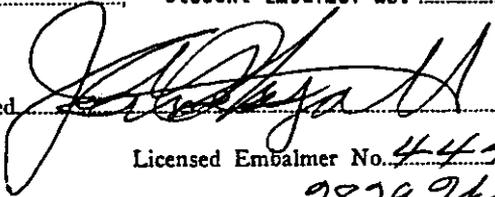
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.