

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30455**  
Registrar's No. **7117**

FILED AUG 20 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. \_\_\_\_\_

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>2119</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>29 yrs</b>		d. TOWN <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>		1. STREET ADDRESS (If rural, give location) <b>4567a Aldine</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Mary</b>	b. (Middle) <b>L.</b>	c. (Last) <b>Stiggers</b>	(Month) <b>July</b>	(Day) <b>17,</b>	(Year) <b>1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>May 11th, 1900</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maid</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Park Plaza Hotel</b>		11. BIRTHPLACE (State or foreign country) <b>Liberty, Mississippi /</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Lawson E. Howard</b>		13b. MOTHER'S MAIDEN NAME <b>El Fletis Ramsey</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Eulah Luster, 1811a Goode Avenue</b>	

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, asthma, 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) <b>Uremic Coma</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pyelonephritis</b>		DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>6000</b>	

22. I hereby certify that I attended the deceased from **June 15, 1953**, to **July 17, 1953**, that I last saw the deceased alive on **7-17, 1953**, and that death occurred at **2A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter A. Young M.D.</b>		23b. ADDRESS <b>2337 Market Street</b>		23c. DATE SIGNED <b>7/20/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/23/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b>		ADDRESS <b>4107 Finney Ave.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUL 21 1953</b> <b>J. Earl Smith M.D.</b>					

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

**STATEMENT BY LICENSED EMBALMER**

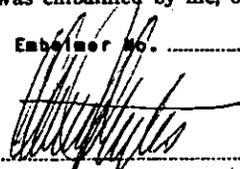
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....



Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

**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.