

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40834

State File No. ....

FILED NOV 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10742**

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</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>St Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homea Phillips Hosp.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		f. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hattie</b> b. (Middle) <b>Cordelia</b> c. (Last) <b>MARLONE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 9 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>25 Dec 1895</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retail</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>New Orleans La</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>

13a. FATHER'S NAME <b>John Denis</b>	13b. MOTHER'S MAIDEN NAME <b>Laura</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Rev D. Mayten</b> ADDRESS <b>1781 Cora</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, 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) <b>Arteriosclerosis</b>		
ANTECEDENT CAUSES		DUE TO (b) <b>Fractured Hip Operation</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Life - when she fell in her home about Oct 28 1953. Exact time unknown</b>	
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: <b>Fractured Hip</b>	19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis</b>
21a. TIME OF INJURY <b>Oct 28 1953</b>	21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21c. HOW DID INJURY OCCUR? <b>See above</b>

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 **3:30 p.m.**, from the causes and on the date stated above. **21**

23a. SIGNATURE <b>Cabrick L. Taylor</b> (Date or title) <b>Coroner</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>11.12.53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>14 Nov 53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters</b>
24d. LOCATION (City, town, or county) (State) <b>St Louis Mo.</b>		

DATE REC'D BY LOCAL REG. <b>NOV 12 1953</b>	REGISTRAR'S SIGNATURE <b>J. Charles Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Reliable Funeral Svc</b> ADDRESS <b>4500 Newberry St</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Paul V. Freeman*

Licensed Embalmer No. *4686*

P. O. Address *4729 Bennett*

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.