

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45597

State File No. _____

FILED JAN 19 1954

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Registrar's No. 42266

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____						
1. PLACE OF DEATH a. COUNTY <u>0. [unclear]</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>						
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G. Phillips</u>				e. STREET ADDRESS (If rural, give location) <u>2259</u> <u>25 928 N. 14th Street</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Malinda</u>			b. (Middle) _____		c. (Last) <u>Toler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 26 53</u>					
5. SEX <u>F 3</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u>		8. DATE OF BIRTH <u>May 16.1889</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>64 6</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse Attendant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>City Infirmary</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Covington, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>				
13a. FATHER'S NAME <u>James Harris</u>			13b. MOTHER'S MAIDEN NAME <u>Maraih Lewis</u>			14. NAME OF HUSBAND OR WIFE <u>Joseph Toler</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>488 28 3909</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Stewart, 1310 Sarah</u>			ADDRESS _____			
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>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>unt'd.</u>				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" 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) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4200</u>	
22. I hereby certify that I attended the deceased from <u>12/18/</u> , 19 <u>53</u> , to <u>12/26/</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12/26/</u> , 19 <u>53</u> , and that death occurred at <u>4:15A</u> m., from the causes and on the date stated above.												
23a. SIGNATURE <u>E. B. Williams</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2601 N. Whittier</u>			23c. DATE SIGNED <u>12/26/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 30, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>					
DATE REC'D BY LOCAL REG. <u>DEC 29 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>			ADDRESS <u>1221 N. Grand</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 *Gayton Swan*

Licensed Embalmer No. *458*

P. O. Address *122 W. Broad*

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.