

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **10315**
2755

FILED APR 2 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY 932 N. Newstead Ave.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY 2119	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 932 N. Newstead Ave.		d. STREET ADDRESS (If rural, give location) 932 N. Newstead Ave.	
3. NAME OF DECEASED a. (First) Mrs. Hannah		b. (Middle) Obey.	
c. (Last) Obey.		4. DATE OF DEATH March 25- 1954	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May, 8-1867
9. AGE (In years last birthday) 86		if UNDER 1 YEAR 9 Months 17 Days	if UNDER 4 HRS. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and State or Foreign Country) Jackson Tenn. /
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Mahones.	
13b. MOTHER'S MAIDEN NAME Hannah Mahones.		14. NAME OF HUSBAND OR WIFE Dead	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Not any	
17. INFORMANT'S SIGNATURE OR NAME Mr. Robert Nelson		ADDRESS 932 N. Newstead Ave	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decomposition	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 days	
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) 420, 0	
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?		22. I hereby certify that I attended the deceased from January, 1952 , to March, 1954 , that I last saw the deceased alive on March 23, 1954 , and that death occurred at 17:00 H. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Ned M. Stanfield, Jr., M.D.		23b. ADDRESS 4901a. Easton, St. Louis Mo	
23c. DATE SIGNED 3-26-54		24. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3-20-1954		24c. NAME OF CEMETERY OR CREMATORY Little Rock, Ark.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Maecy Adams	
DATE REC'D BY LOCAL REG. MAR 26 1954		ADDRESS 3849 Windsor Pk	

S.P. (Licensed Embalmer's Statement on Reverse Side) **By USA.**

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. 2963

P. O. Address 4214 Helmar

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.