

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10483

State File No. ....

2563

No. 300

10-48

FILED MAR 30 1954

BIRTH NO. ....

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).	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY OR TOWN St Louis	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phyllis Hoop		e. STREET ADDRESS (If rural, give location) 4132 Moffatt	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Lela		b. (Middle) Joey (Torey)	
c. (Last) Torey		d. (Month) (Day) (Year) Mar 18 1954	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 15 April 1909
9. AGE (In years) last birthday 44		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Abertown Miss
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Alex Marsh	
13b. MOTHER'S MAIDEN NAME Eric Brown		14. NAME OF HUSBAND OR WIFE A. Clair Torey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME A. Clair Torey		ADDRESS 4132 Moffatt	
18. DATE 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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage 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"/>		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		331X	
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.			
23a. SIGNATURE (Degree or title) Patrick C. Taylor Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3 20 54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 27 Mar 54		24c. NAME OF CEMETERY OR CREMATORY Greenwood Integ	
24d. LOCATION (City, town, or county) (State) St. Louis Co Mo		25. FUNERAL DIRECTOR'S SIGNATURE Reliable Funeral Svs	
DATE REC'D BY LOCAL REG. MAR 20 1954		ADDRESS 4500 Newberry Terrace	

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 *Paul V Freeman*

Licensed Embalmer No. *46*

P. O. Address *4229 N*

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.