

FILED JUN 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. _____

318

1003

5196

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		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> <u>0</u>		c. CITY OR TOWN <u>St Louis</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2528 N. Whittier</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mozella</u>	b. (Middle) _____	c. (Last) <u>Shorn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>9</u> <u>54</u>
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5. SEX <u>FEMALE</u> <u>3</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>JULY 10, 1873</u>	9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR Months _____ Days _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Bells TENN</u>	12. CITIZEN OF WHAT COUNTRY? _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>					

13a. FATHER'S NAME <u>Bob Rucker</u>	13b. MOTHER'S MAIDEN NAME <u>Atha Riddeck</u>	14. NAME OF HUSBAND OR WIFE <u>Joe Deard</u>
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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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willie PALMER 2MAN</u>	ADDRESS <u>Whittier</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Thrombosis with Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undt.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>332x</u>

22. I hereby certify that I attended the deceased from 5-30, 1954, to 6-9, 1954, that I last saw the deceased alive on 6-9, 1954, and that death occurred at 3:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. B. Williams, M.D.</u>	23b. ADDRESS <u>2601 N. Whittier</u>	23c. DATE SIGNED <u>6-10-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>No Burial</u>	24b. DATE <u>JUNE 13, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HUMBOLT TENN</u>	24d. LOCATION (City, town, or county) (State) <u>HUMBOLT, TENN</u>
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DATE REC'D BY LOCAL REG. <u>JUN 10 1954</u>	REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Nelson</u>	ADDRESS <u>27696 Horntown</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 26 1955

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 *S. J. Halson*

Licensed Embalmer No. *2698*

P. O. Address *2767 1/2 Ave*

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.