

FILED JUL 26 1954

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

State File No.

24633

Registrar's No.

6594

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003**1. PLACE OF DEATH**

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

St. Louis, Mo

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

c. CITY OR TOWN

St. Louisd. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

7s, 23rd Street.

e. STREET ADDRESS

(If rural, give location)

22 # 7 S. 23rd Street.

22290**3. NAME OF DECEASED**
(Type or Print)

a. (First)

Susie

b. (Middle)

c. (Last)

Harrison**4. DATE OF DEATH**

(Month) (Day) (Year)

7 14 1954**5. SEX****Female****6. COLOR OR RACE****Negro****7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)****Widowed****8. DATE OF BIRTH****February 14, 1890****9. AGE** (In years last birthday)**64**

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and State or Foreign Country)

Columbus, Kentucky

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Wiley Blakemore

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Dead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No**None**

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Willie Inge #7 So. 23rd Street.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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION**Heat stroke**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Hypertension Head Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Willie Inge
7/14/54

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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)

443X F

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

ET 312

22. I hereby certify that I attended the deceased from Jan 1, 1953, to 7-14, 1954, that I last saw the deceased alive on 7-14, 1954, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

Walter A. Young MD

23b. ADDRESS

2337 Market

23c. DATE SIGNED

7/14/54

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

7/21/54

24c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

24d. LOCATION (City, town, or county)

St. Louis County, Missouri

(State)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

JUL 17 1954

REGISTRAR'S SIGNATURE

J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

C.W. Roberts 1416 N. Taylor Ave.

ADDRESS

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

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 *James A. Carter*

Licensed Embalmer No. *466*

P. O. Address *H. J. ...*

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.