

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29079

State File No. _____
Registrar's No. 7267

FILED AUG 16 1954

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

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>		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 Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>21 3105 a Lucas 22190</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) c. (Last) <u>McKissick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 2, 1954</u>	
5. SEX <u>3</u> <u>F</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow Feb</u>	8. DATE OF BIRTH <u>Feb. 3, 1890</u>
9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 12 HRS. Days	IF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Enterprise, Alabama</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Alex Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Jane</u>	
14. NAME OF HUSBAND OR WIFE		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>419 10 7278A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Matilda Jefferies 3105a Lucas</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Psychosis, Essential Hypertension</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. <u>Aspirational Pneumonia with Atelectasis, Nephrosclerosis with Uremia</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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>if of of X</u>		22. I hereby certify that I attended the deceased from <u>July 4, 1954</u> , to <u>August 2, 1954</u> , that I last saw the deceased alive on <u>August 2, 1954</u> , and that death occurred at <u>3:15 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>H. J. Erwin, M.D.</u>		23b. ADDRESS <u>2601 N. Whittier</u>	
23c. DATE SIGNED <u>8/4/54</u>		24a. BURYAL, CREMATION, REMOVAL (Specify) <u>Ship</u>	
24b. DATE <u>Aug. 7, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>Dothan, Alabama</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>1221 N. Grand</u>	
DATE REC'D BY LOCAL REG. <u>AUG 5 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</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 Swann*
Licensed Embalmer No. *4580*
P. O. Address *1221st York*

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.