

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31926

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8306**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 45 yrs		e. STREET ADDRESS (If rural, give location) 3320 A.R. Franklin	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3320 A.R. Franklin Ave			

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Hawkins c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) Sept. 6. 1954			
5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 24. 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 8 Days 2	IF UNDER 24 HRS. Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during 5 yrs of working life, even if retired) Nil.		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Clarkville Tenn.		12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME Dave Robb		13b. MOTHER'S MAIDEN NAME Mattie		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mattie Camp 3320 A.R. Franklin		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Nephritis & Cardiac Insufficiency			INTERVAL BETWEEN ONSET AND DEATH 7/5/54
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			9/6/54
		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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 592x
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22. I hereby certify that I attended the deceased from **7/5/54**, 19___, to **Sept 6**, 19**54**, that I last saw the deceased alive on **9/6/54**, 19___, and that death occurred at **12:00 AM** from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title)		23b. ADDRESS 3100a Lucas Ave.	23c. DATE SIGNED 9/9/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/10/54	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
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DATE REC'D BY LOCAL REG. SEP 9 1954	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home 3100 Easton Ave		
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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 *W. Claude Gordon*

Licensed Embalmer No. *34*

P. O. Address *4575th*

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.