

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35454

State File No.

No. 300
10-48

FILED OCT 26 1954

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9155			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		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"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A.Homer G.Phillips Hospital				e. STREET ADDRESS (If rural, give location) 2 / 2738 Delmar Blvd 2219					
3. NAME OF DECEASED (Type or Print)			a. (First) MISSOURI	b. (Middle) WILLIS	c. (Last) HEMMINGWAY	4. DATE OF DEATH (Month) (Day) (Year) Oct. 5 1954			
5. SEX Female 3		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 9 1908			
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Feeder		10b. KIND OF BUSINESS OR INDUSTRY Bottling Co.		11. BIRTHPLACE (City and State or Foreign Country) / Elaine, Arkansas			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jackson Willis		13b. MOTHER'S MAIDEN NAME Mary Gordon		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) No		16. SOCIAL SECURITY NO. Yes		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Brunetta Hale 2738 Delmar Blvd					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pulmonary Edema</i> DUE TO (c) <i>Cardiac Hypertrophy</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4343					
22. I, hereby certify that I attended the deceased from <u>10/1/54</u> to <u>10/7/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10/1/54</u> , 19 <u>54</u> , and that death occurred at <u>11:45 p.m.</u> , from the causes and on the date stated above.									
22a. SIGNATURE (Degree or title) <i>James M. Kelly Deputy Coroner</i>				22b. ADDRESS 1300 Clark Ave		22c. DATE SIGNED 10/7/54			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct 9, 1954		23c. NAME OF CEMETERY OR CREMATORY Oak Dale		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. OCT 8 1954		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.H.Randle & Son 3133 Bell Ave					

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 *J. H. Station*

Licensed Embalmer No. *2690*

P. O. Address *2769 Okla*

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.