No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43799

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11573

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4024 Cook Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4024 Cook Avenue 2119

3. NAME OF DECEASED (Type or Print)
a. (First): REBECCA
b. (Middle):
c. (Last): McCAIN

4. DATE OF DEATH (Month) (Day) (Year): Dec 18 1954

5. SEX: Female 3

6. COLOR OR RACE: Col

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2

8. DATE OF BIRTH: Aug 15 1865

9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 4, Days 3 — 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: -

11. BIRTHPLACE (City and State or Foreign Country): Huntingdon Tenn

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Nichols Bledsoe

13b. MOTHER'S MAIDEN NAME: Lucy ?

14. NAME OF HUSBAND OR WIFE:

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.: No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Myrtle Dalton 4038 Enright Ave

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) Hypertension Cardiac Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 7

ANTECEDENT CAUSES

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

DUE TO (b) _____ 1

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: NA

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):

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

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

21f. HOW DID INJURY OCCUR?: 443X

22. *I hereby certify that I attended the deceased from* 12/14, 1954, *to* 12/18, 1954, *that I last saw the deceased alive on* 12/18, 1954, *and that death occurred at* 6 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. O. Taylor MD (Degree or title)

23b. ADDRESS: 3136 Chouteau

23c. DATE SIGNED: 12/18/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Dec 21 1954

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Huntingdon Tenn

DATE REC'D BY LOCAL REG.: DEC 20 1954

REGISTRAR'S SIGNATURE: J. Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J.H.Randle & Son 3133 Bell Avenue

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed S. J. Watson

Licensed Embalmer No. 269

P. O. Address 2769 Ch

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.