

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23732**
5368
Registrar's No.

FILED AUG 2 - 1955

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

1. PLACE OF DEATH a. COUNTY St. Louis Mo.		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		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips Hospital		6. STREET ADDRESS (If rural, give location) 4719 St. Louis Ave	
3. NAME OF DECEASED (Type or Print) Ophelia		4. DATE OF DEATH (Month) (Day) (Year) June 16 1955	
5. SEX Female		8. DATE OF BIRTH 16 July 1884	
6. COLOR OR RACE Col		9. AGE (In years) (Month) (Day) (Year) 70	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10a. USUAL OCCUPATION		11. BIRTHPLACE (City and State or Foreign Country) Okolona Mississippi	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? Yes	
13a. FATHER'S NAME Fred Crow		13b. MOTHER'S MAIDEN NAME Emma Dobbs	
13c. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Dead	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. No	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		17. INFORMANT'S SIGNATURE OR NAME Mrs Fred Chase	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS 4719 St. Louis Av	
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) Generalized peritonitis secondary to perforated ulcer. Generalized arteriosclerosis. Fracture of left hip; suffered in fall from utility hoop Feb 23, 1955, about 1:50 pm. Accident.	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH		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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hoop	
21a. ACCIDENT		21c. (CITY) TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) July 23. 55 10 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY		21f. HOW DID INJURY OCCUR? red E9027	
22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> ; that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>10:30 pm.</u> , from the causes and on the date stated above. 145			
23. SIGNATURE Joseph M. McCann		23b. ADDRESS 1300 Clark	
23. SIGNATURE		23c. DATE SIGNED 6/16/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/21/55	
24a. BURIAL, CREMATION, REMOVAL		24c. NAME OF CEMETERY OR CREMATORY Oakdale	
24a. BURIAL, CREMATION, REMOVAL		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
DATE REC'D BY LOCAL REG. JUN 21 1955		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman J. Smith 4247/Labadie Ave	
DATE REC'D BY LOCAL REG.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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 Jordan

Licensed Embalmer No. *34*

P. O. Address *4575 Al*

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.