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FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38772

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9810**

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|---|--|--|--|
| 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. 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) | | STREET ADDRESS (If rural, give location) 1362a Bayard | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer Phillips Hospital | | | |

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|--|-------------------------------|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) c. (Last) Ray | | | 4. DATE OF DEATH (Month) (Day) (Year) 11 7 55 | | |
| 5. SEX F | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH Jan-12, 1909 | 9. AGE (In years last birthday) 46 | IF UNDER 1 YEAR Days 10 |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Unemployed | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and State or Foreign Country) Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Clarence Bowman | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No | 16. SOCIAL SECURITY NO. 491-20-1800 | 17. INFORMANT'S SIGNATURE OR NAME Benjamin Turnell ADDRESS 1362^e Bayard | |
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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) Hypertensive Cardiovascular Disease | | INTERVAL BETWEEN ONSET AND DEATH Undt. |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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 | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) |
| 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? |

22. I hereby certify that I attended the deceased from **11-1** **1955**, to **11-7**, **1955**, that I last saw the deceased alive on **11-7**, **1955**, and that death occurred at **2:30 a** m., from the causes and on the date stated above.

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|---|---|--|--|
| 23a. SIGNATURE (Degree or title) Frank O. Richards, M.D. | | 23b. ADDRESS 2601 N. Whittier | 23c. DATE SIGNED 11-8-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE Nov 11, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Washington Park | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
| DATE REC'D BY LOCAL REG. NOV 10 1955 | REGISTRAR'S SIGNATURE J. Earl Smith m.d. | 25. FEDERAL DIRECTOR'S SIGNATURE G. B. Kooze ADDRESS 1221 N. Grand | |

m. J. B. (Licensed Embalmer's Statement on Reverse Side)

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 *Melvin Blackman*.....

Licensed Embalmer No. 390

P. O. Address 1221 N. 9th

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