

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42746

State File No. _____

318

1003

10704

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

| | | | | | |
|--|--|---|--|---|--|
| 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) 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) 40 yrs. | | STREET ADDRESS 2914 Papin | | (If rural, give location) 2189 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | | | | |

| | | | | | |
|-------------------------------------|-------------|--------------------------------|----------------------|--------------------|---------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) John | b. (Middle) | c. (Last) Washington | (Month) 11 | (Day) 24 | (Year) 55 |

| | | | | | | | |
|-----------------------|---------------------------------|--|---|--|---------------------------------------|---------------------------------------|--------------------------------------|
| 5. SEX Male | 6. COLOR OR RACE Col. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 10, 1884 | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months 6 | IF UNDER 12 HRS. Days 14 | IF UNDER 24 MIN. Hours |
|-----------------------|---------------------------------|--|---|--|---------------------------------------|---------------------------------------|--------------------------------------|

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|---|--|-----------------------------------|--|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Columbia, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
|---|--|-----------------------------------|--|--|--|---|--|

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|--------------------------------------|--|---|--|---|--|--|--|
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Nettie Washington | | | |
|--------------------------------------|--|---|--|---|--|--|--|

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|---|--|-------------------------|--|---|--|--|--|
| 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. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nettie Washington - 4713 S. Prairie Ave. Chicago 15, Ill. | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH Undt. | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hemorrhagic Pancreatitis. | | DUE TO (b) _____ | | | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Alcoholism. | | | | | | | |

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|------------------------|--|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 587.0 | | | | 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) | |
|--|--|--|--|---|--|

| | | | | | | | |
|--|--|--|--|----------------------------|--|--|--|
| 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 11-10-, 1955, to 11-24-, 1955, that I last saw the deceased alive on 11-24-, 1955, and that death occurred at 6:30a.m., from the causes and on the date stated above.

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|--|--|--|--|------------------------------------|--|
| 23a. SIGNATURE E. B. Williams (Degree or title) <i>E. B. Williams</i> M.D. | | 23b. ADDRESS 2601 N. Whittier Street | | 23c. DATE SIGNED 12-5-55 | |
|--|--|--|--|------------------------------------|--|

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|---|--|----------------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Dec. 7, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Dale | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | |
|---|--|----------------------------------|--|---|--|---|--|

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|---|--|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. DEC 6 1955 | | REGISTRAR'S SIGNATURE <i>Charles Smith MD</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. RANDLE & SON 3133 Bell Ave. | | | |
|---|--|--|--|--|--|--|--|

(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.....
Licensed Embalmer No. 269

P. O. Address 2769 Cho

- 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.