

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10616

State File No.

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2245

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. FULL NAME OF HOSPITAL OR INSTITUTION. 3035 Thomas		e. STREET ADDRESS (If rural, give location) 21 3035 Thomas	
3. NAME OF DECEASED (Type or Print) a. (First) Melcine b. (Middle) c. (Last) Dewalt		4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1956	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 5, 1885
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 4	IF UNDER 11 MRS. Days 21 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Ripley, Tennessee
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Curry	
13b. MOTHER'S MAIDEN NAME Elsie		14. NAME OF HUSBAND OR WIFE None	
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. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Mary Dewalt		ADDRESS 3035 Thomas	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 331X	
20. AUTOPSY? YES <input 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?	
22. I hereby certify that I attended the deceased from <u>12-21, 1955</u> to <u>2-25, 1956</u> that I last saw the deceased alive on <u>2-25, 1956</u> and that death occurred at <u>6:16 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>X. A. Hill M.D.</u>		23b. ADDRESS <u>St. James Mo 1417 Franklin</u>	
23c. DATE SIGNED <u>2-28-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/5/56	
24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		24d. LOCATION (City, town, or county) (State) Berkeley, Missouri	
DATE REC'D BY LOCAL REG. MAR 2 1956		REGISTRAR'S SIGNATURE <u>J. C. Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. B. Kooner</u>		ADDRESS 1221 N. Grand	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 28 1956

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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 *Parvaneh P. ...*

Licensed Embalmer No. 475

P. O. Address 1221 N. O.

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.