

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11217

State File No. ....

BIRTH NO. ....

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2381

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	
d. TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Ann's, Philly</i>		STREET ADDRESS (If rural, give location) <i>4284 St Louis Ave</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Cora</i> b. (Middle) <i>Belle</i> c. (Last) <i>Oates</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>March 6 1956</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>7 Sept 1915</i>
9. AGE (In years last birthday) <i>40</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (City and State, or Foreign Country) <i>Brooksville, Miss</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	13a. FATHER'S NAME <i>James Bentley</i>	13b. MOTHER'S MAIDEN NAME <i>Leatha McKesson</i>	14. NAME OF HUSBAND OR WIFE <i>Walter Oates</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No, if unknown) (If yes give war and dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mary Lee Johnson 4284 St Louis</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uremia; Obstruction of the Uterus; Carcinoma</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>of the Uterus</i> DUE TO (c) <i>of the Uterus</i> 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"/>	
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)	<i>174 X</i>
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>5:00 p. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>James M Kelly</i>		23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>3-7-56</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>9 Mar 56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oakdale Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis MO</i>
DATE REC'D BY LOCAL REG. <i>MAR 7 1956</i>	REGISTRAR'S SIGNATURE <i>J. C. Bennett</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Reliable Funeral Hqs 1389 Union</i>	

(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 embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Paul V Freeman*

Licensed Embalmer No. *460*

P. O. Address *4729A*

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.