

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14936

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3956**1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS** c. LENGTH OF STAY (in this place) **39 Yrs.** d. Is Residence within limits of a city or incorporated town? Yes No d. FULL NAME (If not in hospital or institution, give street address or location) OF HOSPITAL OR INSTITUTION: **HOMER G. PHILLIPS HOSPITAL** e. STREET ADDRESS (If rural, give location) **21 617 A. North Leffenwell**3. NAME OF DECEASED a. (First) **HATTIE** b. (Middle) **ROSETTA** c. (Last) **VAIL** 4. DATE OF DEATH (Month) (Day) (Year) **4 - 17 - 1956**5. SEX **FEMALE** 6. COLOR OR RACE **COL.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **5 -- 27th. - 1888** 9. AGE (In years last birthday) **67** IF UNDER 1 YEAR Months **10** Days **20** IF UNDER 4 HRS. Hour **0** Min. **0**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House Wife** 10b. KIND OF BUSINESS OR INDUSTRY **Domestic** 11. BIRTHPLACE (City and State or Foreign Country) **Chartuch County Alabama** 12. CITIZEN OF WHAT COUNTRY? **U.S.A**13a. FATHER'S NAME **CALVIN HALL** 13b. MOTHER'S MAIDEN NAME **CREACIE POWELL** 14. NAME OF HUSBAND OR WIFE **ROBERT VAIL**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 **Cecie Vail** ADDRESS **617, A. North. Leffenwell**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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of Gastro-Intestinal Tract**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
159X19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____22. I hereby certify that I attended the deceased from **3-25-**, 19**56**, to **4-17-**, 19**56**, that I last saw the deceased alive on **4-17-**, 19**56** and that death occurred at **6:35p.m.**, from the causes and on the date stated above.23a. SIGNATURE **Wm. H. Little M.D.** (Degree & title) (C) 23b. ADDRESS **3167 Sheridan Ave.** 23c. DATE SIGNED **4-20-56**24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **4/23/56** 24c. NAME OF CEMETERY OR CREMATORY **GREENWOOD CEMETERY** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS, MO, MISSOURI**DATE REC'D BY LOCAL REG. **APR 21 1956** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** FUNERAL DIRECTOR'S SIGNATURE **Wm. H. Gordon** ADDRESS **52616, North. Garrison. Ave**

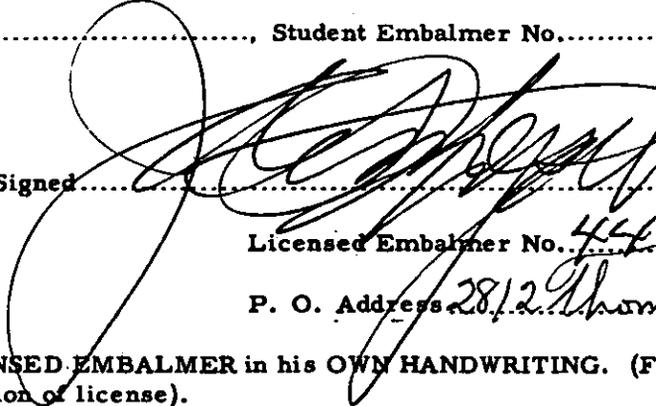
3. (Licensed Embalmer's Statement on Reverse Side)

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. 444

P. O. Address 2812 Union

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.