

FILED JUN 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21779**  
Registrar's No. **5394**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
3. NAME OF DECEASED a. (First) <b>Nora</b> (Type or Print)		d. STREET ADDRESS (If rural, give location) <b>4137 Cook Avenue</b>	
b. (Middle) _____		c. (Last) <b>Edmondson</b>	
4. DATE OF DEATH (Month) <b>June</b> (Day) <b>1</b> (Year) <b>1956</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	
8. DATE OF BIRTH <b>2/20/1891</b>		9. AGE (In years last birthday) <b>65</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	
11. BIRTHPLACE (State or foreign country) <b>Memphis, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Charlie Rogers</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Rogers</b>	
14. NAME OF HUSBAND OR WIFE <b>- -</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mamie Walker - 4137 Cook Ave.</b>	
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) <b>Carcinoma of Stomach c Metastasis To liver</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>151x</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>5-11</b> , 1956, to <b>6-1</b> , 1956, that I last saw the deceased alive on <b>6-1</b> , 1956, and that death occurred at <b>11:40 P.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>N.E. Smith, M.D.</b> (Degree or title)		23b. ADDRESS <b>911 N Jefferson St. St. Louis Mo</b>	
23c. DATE SIGNED <b>6-21-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>7 June 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>	
24d. LOCATION (City, town, or county) <b>St. Louis County</b>		24e. (State) <b>Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 5 1956</b>		REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Atkins Bros.</b>		ADDRESS <b>3644 Finney Ave.</b>	

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 .....  
Student Embalmer

Signed

*Escher D. Harris*

Licensed Embalmer No.

*4458*

P. O. Address

*4181 Washington*

**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 this body is not embalmed, fact should be so stated above.