

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28139

State File No. ....

318

1003

Registrar's No. .... 7134

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

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)	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1915 Goode</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Bruce</b> c. (Last) <b>Booker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 24 56</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 26 1891</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Day Work</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Centaur Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>Yes</b>					

13a. FATHER'S NAME <b>David Green</b>	13b. MOTHER'S MAIDEN NAME <b>Josphine unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Edward Booker</b>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Josphine Purple</b>	ADDRESS <b>4723 Hamett Pl.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gall Bladder, Emyema with Perforation</b>		<b>Undet.</b>
	ANTECEDENT CAUSES Morbid 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. <b>Uremia and Arteriosclerosis, Generalized</b>			

19a. DATE OF OPERATION <b>7-25-56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Emyema and Rupture of Gallbladder</b>	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) <b>585 X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-24 1956, to 7-30, 1956, that I last saw the deceased alive on 7-30, 1956, and that death occurred at 1:15p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank O. Richards, M.D.</b>	23b. ADDRESS <b>2601 N. Whittier St.</b>	23c. DATE SIGNED <b>7-31-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>August 3/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, County.</b>
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DATE REC'D BY LOCAL REG. <b>AUG 1 1956</b>	REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ferman J. Smith</b>	ADDRESS <b>4247 W Labadie Ave.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *W. Claude Gordon*

Licensed Embalmer No. *3487*

P. O. Address *4575 Albi*

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.