

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32767

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2044</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. Louis County</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Elmwood</u>		c. LENGTH OF STAY (in this place) <u>5 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Elmwood</u>		d. STREET ADDRESS (If rural, give location) <u>9630 Meeks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - 9630 Meeks</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>8 28 56</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susie</u>		b. (Middle) <u>McQueen</u>		c. (Last) <u>McQueen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 28 56</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3/23/1880</u>	
9. AGE (In years last birthday) <u>76</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Memphis Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Gale</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maggie Shepard 1908 A Cora</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis & senescence</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERNAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)	
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>8-16</u> , 19 <u>56</u> , to <u>8-27</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-27</u> , 19 <u>56</u> , and that death occurred at <u>A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>I. W. Wilson MD</u>				23b. ADDRESS <u>#141 Page</u>		23c. DATE SIGNED <u>8-28-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9/2/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>ST. Louis County Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/29/56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Romberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>English Hadt Co</u>		ADDRESS <u>1123 N Taylor</u>	

(Licensed Embalmer's Certificate 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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.