

STANDARD CERTIFICATE OF DEATH

42732

FILED DEC 18 1956

STATE FILE NUMBER
10837

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4325 Kennerly Ave		Length of stay in lb 50 yrs d. STREET ADDRESS 4325 Kennerly Ave. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Laura Booth			4. DATE OF DEATH Nov. 22, 1956		
5. SEX Female			6. COLOR OR RACE Negro		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH Jan. 29, 1956		
9. AGE (In years last birthday) 81			IF UNDER 1 YEAR Months 9 Days 24		IF UNDER 24 HRS. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Fort Smith, Ark.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME Robert Turner		
14. MOTHER'S MAIDEN NAME Laura Jane McKinney			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yrs, give war or dates of service) None		
16. SOCIAL SECURITY NO. None			17. INFORMANT Mrs. Elizabeth Rogers L. A. Calif. Address 15241 Riddle		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Coronary Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at **245 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **James M Kelly** (Deputy or title) **Deputy** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **11-27-56**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **11-28-56** 23c. NAME OF CEMETERY OR CREMATORY **Washington Park Cem.** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

24. FUNERAL DIRECTOR ADDRESS **G. Wade Granberry 4202 Finney Ave.** 25. DATE RECD. BY LOCAL REG. **NOV 27 1956** 26. REGISTRAR'S SIGNATURE **J. Carl Smith, M.D.**

alth, ealth care, ublic service, 300 -56, Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without diseases in Part I, must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Melvin E. Green*.....

Licensed Embalmer No. *44*.....

P. O. Address *St. Louis*.....

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.