

THE DIVISION OF HEALTH OF MISSOURI  
 FILED DEC 18 1956 STANDARD CERTIFICATE OF DEATH

44024  
 State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10645**

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 OR TOWN <b>ST. LOUIS</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CITY HOSP. #1</b>		d. STREET ADDRESS (If rural, give location) <b>237 1/2 530 So 3rd St</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ORA</b> b. (Middle) <b>VINCENT</b> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>11 18 56</b>
---	--

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>5-5 1879</b>	9. AGE (In years last birthday) <b>77</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Dresden Tenn</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
----------------------	---------------------------------	--	----------------------------------	---	--	-----------------------------------	---	---

13a. FATHER'S NAME <b>Wiley Gleason</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET ?</b>	14. NAME OF HUSBAND OR WIFE <b>MONROE VINCENT</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Monroe Vincent</b>	ADDRESS <b>4931 St. L.</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)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Cerebral Sclerosis</b>  DUE TO (c) <b>Heart Disease</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral Sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH
---	---	--	----------------------------------

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>420.0</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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph M. Zeman</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>11/20/56</b>
--	-----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-23-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wash. M. C. Cem. Ph.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>NOV 21 1956</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A.F. Walton</b>	ADDRESS <b>2707 Stoddard St.</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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.