No. 300
10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

2940

State File No. 284

FILED JAN 29 1957

BIRTH NO. 921 81-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

**1. PLACE OF DEATH**
a. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 01 2954 Thomas Street

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2954 Thomas Street

**3. NAME OF DECEASED** (Type or Print): a. (First) Debra b. (Middle) Annette c. (Last) Mays

**4. DATE OF DEATH**: (Month) 1 (Day) 6 (Year) 57

**5. SEX**: 3 Female

**6. COLOR OR RACE**: Colored

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): 0 Infant

**8. DATE OF BIRTH**: 11-7-1956

**9. AGE** (In years last birthday): IF UNDER 1 YEAR Months 1 Days 29; IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Infant

**10b. KIND OF BUSINESS OR INDUSTRY**: None

**11. BIRTHPLACE** (City and State or Foreign Country): 0 St. Louis, Missouri

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Lawrence Jones

**13b. MOTHER'S MAIDEN NAME**: Barbara Mays

**14. NAME OF HUSBAND OR WIFE**: None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT'S SIGNATURE OR NAME**: Francis Mays **ADDRESS**: 2954 Thomas Street

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interstitial Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH

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.*

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION** 525X

**20. AUTOPSY?** YES ☑ NO ☐

**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) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**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* 1:30 P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or Title) 3 — **23b. ADDRESS**: 1300 Clark — **23c. DATE SIGNED**: 1/11/57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 1-11-57

**24c. NAME OF CEMETERY OR CREMATORY**: Greenwood

**24d. LOCATION** (City, town, or county) (State): St. Louis County, Missouri

**DATE REC'D BY LOCAL REG.**: JAN 11 '57

**REGISTRAR'S SIGNATURE**: J. Earl Smith MD

**25. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS**: Ellis Funeral Home, Inc. 2820 Stoddard St.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 498

P. O. Address Altoona

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.