Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10134

STATE FILE NUMBER 1890

FILED MAR 18 1957

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

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 27 Homer G. Phillips — Length of stay in 1b: 2 259

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1126 N. 14th — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Willie Middle: Mae Last: Daugherty

4. DATE OF DEATH Month: 2 Day: 20 Year: 57

5. SEX: Female 3

6. COLOR OR RACE: Negro

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ 1 **DIVORCED** ☐

8. DATE OF BIRTH: 12/1/21

9. AGE (In years last birthday): 35

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): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): ARKANSAS 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN ENGLISH

14. MOTHER'S MAIDEN NAME: UNKNOWN

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 Address: WADELL DAUGHERTY 1126 N. 14th ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Hepatitis — INTERVAL BETWEEN ONSET AND DEATH: undet

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 583x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a):
Heart Disease, Undiagnosed
Hydrothorax due to Passive Congestion - Passive Congestion of Lung

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 2-11-57 to 2-20-57 and last saw her alive on 2-20-57
Death occurred at 8:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh R. Walters (Degree or title) M.D.

22b. ADDRESS: 2601 Whittier Street

22c. DATE SIGNED: 2-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 2/27/57

23c. NAME OF CEMETERY OR CREMATORY: OAKDALE CEMETERY

23d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, Mo.

24. FUNERAL DIRECTOR: LUKE JONES — ADDRESS: 1343 N. GARRISON AVE

25. DATE RECD. BY LOCAL REG.: FEB 25 '57

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

(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 emb

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Arthur L. Holliard

Licensed Embalmer No. 422

P. O. Address 5516 Mag

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