

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15517

State File No.

S. No. 300
v. 10.48

FILED APR 29 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 990

1. PLACE OF DEATH a. COUNTY <u>St. Louis County Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo. Carson Rd.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton Mo</u>		c. CITY OR TOWN <u>4091 So. Kinloch Mo. D</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1-9 to 4-12</u>		e. STREET ADDRESS (If rural, give location) <u>1048 Carson Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>County Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Salema</u>	a. (First)	b. (Middle)	c. (Last) <u>Black</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4 12 1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Sept. 9-1887</u> <u>Apr. 29, 1901</u>	9. AGE (In years last birthday) <u>56 69</u>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 15 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Durham No. Carolina</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Phillip Walker</u>	13b. MOTHER'S MAIDEN NAME <u>Elsie ?</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Steffey</u>	ADDRESS <u>1048 Carson Rd.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		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	20. AUTOPSY? <u>332x</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 <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 1-9, 1957, to 4-12, 1957, that I last saw the deceased alive on 4-12, 1957, and that death occurred at 10:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph P. Ernst MD</u>	23b. ADDRESS <u>601 S. Brentwood</u>	23c. DATE SIGNED <u>4-12-57</u>
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24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>4-18-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burial Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>Natural Bridge & Brown Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-15-57</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombek</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Pinkie L. Jolley</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

3129 fucad and

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 *James A. Carter*

Licensed Embalmer No. *46871*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.