FILED JUN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 18404

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5138

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 (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1917 Delmar Blvd. — Length of stay in Ib

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) 1917 Delmar Blvd. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Maggie Middle: Last: Archie

4. DATE OF DEATH Month: May Day: 29, Year: 1957

5. SEX Female
6. COLOR OR RACE Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH May 12, 1904
9. AGE (In years last birthday) 53 — 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 none
11. BIRTHPLACE (City and state or country) Mississippi
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Smith Jones
14. MOTHER'S MAIDEN NAME Alice Williams

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 Wallace Williams Address 1917 Delmar.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic hypertrophic myocarditis, chronic nephritis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Rheumatic Fever

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 415X

INTERVAL BETWEEN ONSET AND DEATH

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 March 1st to May 29 and last saw her/him alive on May 28th
Death occurred at 6 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. E. Hurt (Degree or title) M. D.
22b. ADDRESS 3000 Eastern Ave
22c. DATE SIGNED 6-1-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE June 3, 1957
23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
23d. LOCATION (City, town, or county) St. Louis County, (State) Mo.

24. FUNERAL DIRECTOR Atkins Bros. ADDRESS 3644 Finney Ave.
25. DATE REC'D BY LOCAL REG. JUN 1 '57
26. REGISTRAR'S SIGNATURE J. Earl Smith - M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner, Coroner, Medical Examiner: 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.

Quantity Rheumatic fever - present most active

ealth, Welfare ublic ervice

300 1-56

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John K Cunningh

Licensed Embalmer No.....44

P. O. Address 2405 Marcus

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.