

Health, Welfare, Public Service, 300, 1-56, 10 symptoms will be listed, All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED JUN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19049

STATE FILE NUMBER 5149

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) 01 HOSPITAL OR INSTITUTION 312I Sheridan			Length of stay in lb 2 2/3		d. STREET ADDRESS (If outside, give location) 219 312I Sheridan		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Judge Mayo Mayo				4. DATE OF DEATH Month Day Year May 29 1957			
5. SEX Male	6. COLOR OR RACE 2 Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 10, 1873		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 6 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired laborer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Jackson Tenn		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME unknown				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) no		16. SOCIAL SECURITY NO.		17. INFORMANT Carrie Dailes 312I Sheridan			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 420.1							INTERVAL BETWEEN ONSET AND DEATH 6 months
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 3 April 57 to 29 May 57 and last saw her alive on 26 Apr 57. Death occurred at 6:00 A.M. on the date stated above and on the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. C. Mueller M.D.				22b. ADDRESS 3524 Franklin Ave. St. Louis 8, Mo.		22c. DATE SIGNED 5-31-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 6-4-57	23c. NAME OF CEMETERY OR CREMATORY Washington Park		23d. LOCATION (City, town, or county) St. Louis Co.		(State) Mo.
24. FUNERAL DIRECTOR Pettis Funeral Home 418I Washington			25. DATE RECD. BY LOCAL REG. JUN 1 57		26. REGISTRAR'S SIGNATURE J. Earl Smith - MD		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *E. K. Harris*

Licensed Embalmer No. *44*

P. O. Address *4181 Va*

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.