

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19296  
STATE FILE NUMBER  
4287  
Registrar's No.

FILED MAY 24 1957

318

1003

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4287

Health,  
Welfare  
Public  
Service

300  
1-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>27 HOSPITAL OR INSTITUTION Homer G. Phillips</b>			Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>27 R. Franklin</b>	
3. NAME OF DECEASED (Type or print) <b>Glendora</b>			First	Middle	Last
4. DATE OF DEATH <b>5 3 57</b>			Month	Day	Year
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. ? 1893</b>		9. AGE (In years last birthday) <b>64</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Cairo, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Unknown</b>			14. MOTHER'S MAIDEN NAME <b>Minnie Williams</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yrs. no. or unknown) (If yrs. give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Curley Simms 2219 R. Franklin</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					undet.
DUE TO (b) <b>Arteriolar nephrosclerosis</b>					<b>442x</b>
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>Hypertensive Cardiovascular Disease - Cardiac Insufficiency</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 <b>3-19-57</b> to <b>5-3-57</b> and last saw her alive on <b>5-3-57</b> Death occurred at <b>3:15 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Dr. Hugh Waters</i> , M.D.			22b. ADDRESS <b>2601 Whittier Street</b>		22c. DATE SIGNED <b>5-4-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5-8-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
24. FUNERAL DIRECTOR <b>A.L. Beal 4303 Delmar Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>MAY 6 '57</b>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> <b>S.P.</b>	

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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 *David H. [Signature]*

Licensed Embalmer No. *180*

P. O. Address *1149 [Signature]*

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.

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