

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29586

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7200**

|  |                               |   |   |   |   |  |
|--|-------------------------------|---|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                               |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>   |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Saint Louis</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Hospital</b>   |                               |   | Length of stay in: lb   | STREET ADDRESS <b>2735 Eugenia</b> (If outside, give location)              |   |  |
| 3. NAME OF DECEASED (Type or print) <b>Henry Imes</b>  |                               |   | 4. DATE OF DEATH <b>July 30, 1957</b>   |   | Year <b>1957</b>  |  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>2/17/1904</b>   | 9. AGE (In years last birthday) <b>53</b>                                   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Swift &amp; Company</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Beef Luggers</b>   | 11. BIRTHPLACE (City and state or country) <b>Arkansas</b>  |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  |
| 13. FATHER'S NAME <b>Colombus Imes</b>   |                               |   | 14. MOTHER'S MAIDEN NAME <b>Willie Davis</b>  |   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |                               | 16. SOCIAL SECURITY NO. <b>499-03-9403</b>  | 17. INFORMANT <b>Lottie Imes</b> Address <b>2735 Eugenia</b>  |   |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:-<br>IMMEDIATE CAUSE (a) <b>Acute Stenosis</b><br><b>Cardiac Hypertrophy</b><br><b>Pulmonary Congestion</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |                               |   |   |   | INTERVAL BETWEEN ONSET AND DEATH  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |                               |   |   |   | 19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 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<br>Hour, Month, Day, Year<br>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 <b>St. Louis</b> COUNTY  |   | STATE   |  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>12:29 A. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.   |                               |   |   |   |   |  |
| 22a. SIGNATURE (Degree of title) <b>James M. Kelly Deputy</b>  |                               |   | 22b. ADDRESS <b>1300 Clark</b>  |   | 22c. DATE SIGNED <b>8-2-57</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   | 23b. DATE <b>8/5/57</b>       | 23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>   |   | 23d. LOCATION (City, town, or county) (State) <b>St. Louis county - Mo.</b> |   |  |
| 24. FUNERAL DIRECTOR ADDRESS <b>Russell Undertaking Co. 2732 Pine</b>  |                               | 25. DATE RECD. BY LOCAL REG. <b>AUG 2 '57</b>   | 26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>  |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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 e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James A. Carr*.....

Licensed Embalmer No.....

P. O. Address.....

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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