

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37211

STATE FILE NUMBER

FILED NOV 15 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar No.

10367

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		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) HOSPITAL OR INSTITUTION St. Mary's Infirmary				Length of stay in 1b 21		d. STREET ADDRESS 3303 Pine St. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First BESSIE Middle ROBY Last BRICE				4. DATE OF DEATH Month Oct. Day 29 Year 1957			
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 15, 1925	
9. AGE (In years last birthday) 32		IF UNDER 1 YEAR Months 9 Days 14		IF UNDER 24 HRS. Hours 14 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Rag Factory		11. BIRTHPLACE (City and state or country) Goodman, Mississippi	
12. CITIZEN OF WHAT COUNTRY? U. S. A.							
13. FATHER'S NAME Dennis Latider				14. MOTHER'S MAIDEN NAME Willie Bresman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) 495-32-3528		17. INFORMANT Address Aron Brice 3303 Pine St.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mesenteric Thrombosis							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c) 570.2		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) Secondary Anemia and Myoma of the Uterus							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2							
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 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 10-3-57 to 10-29-57 and last saw her alive on 10-29-57 Death occurred at 3:20 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Wm. N. Little M.D.</i>				22b. ADDRESS 3167 Sheridan Avenue		22c. DATE SIGNED 11-2-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 4, 1957		23c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR Name, Smith ADDRESS 4019 Washington Blvd.				25. DATE RECD. BY LOCAL REG. NOV 4 '57		26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>	

*Dr. Little
Sherborn, F. A. B. C.*

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 *[Handwritten Signature]*
Licensed Embalmer No. *43*

P. O. Address *S. P. Ave*

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.