

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1957

37510

STATE FILE NUMBER

10589

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10589**

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR St. Louis Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION 3524 Clark | | STREET ADDRESS 3524 Clark (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Bell Middle Hall | | 4. DATE OF DEATH Month 11 Day 4 Year 57 | |
| 5. SEX F | 6. COLOR OR RACE Col. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 6-2-64 |
| 9. AGE (In years last birthday) 93 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | 10b. KIND OF BUSINESS OR INDUSTRY None |
| 11. BIRTHPLACE (City and state or country) Haywood, Tenn. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Langster, Miller | | 14. MOTHER'S MAIDEN NAME Mariah (Unknown) | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 331x | |
| 17. INFORMANT Mrs. Eldridge Pepper-3524 Clark | | 17. ADDRESS | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage | | | INTERVAL BETWEEN ONSET AND DEATH July 17, 1957 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension + Arteriosclerosis | | | 3 yrs |
| DUE TO (c) Senility | | | |
| 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? YES <input type="checkbox"/> NO <input checked="" 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 Hour 10:52 Month, Day, Year 11-7-57 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 July 17, 1957 to Nov. 4, 1957 and last saw her alive on Nov 3, 1957 . Death occurred at 10:52 m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) J. S. Rogers M.D. | | 22b. ADDRESS 302 1/2 Jefferson | 22c. DATE SIGNED 11/6/1957 |
| 23a. BURIAL CREMATION Removed | 23b. DATE 11-7-57 | 23c. NAME OF CEMETERY OR CREMATORY Jackson, Tenn. | 23d. LOCATION (City, town, or county) (State) Jackson, Tenn. |
| 24. FUNERAL DIRECTOR A.L. Beal Und. Co. - 4303 Delmar Blvd. | | 25. DATE RECD. BY LOCAL REG. NOV 7 '57 | 26. REGISTRAR'S SIGNATURE E. Smith M.D. |

30205 J. H. H.

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 *James M. Hughes*

Licensed Embalmer No. 480

P. O. Address 4149th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.