

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46474

State File No.

FILED DEC 19 1957

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11629

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, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) c. CITY OR TOWN St. Louis	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 01 HOSPITAL OR INSTITUTION 4527 Kennerly		e. STREET ADDRESS (If rural, give location) 2117 4527 Kennerly	
3. NAME OF DECEASED a. (First) Classie b. (Middle) Wilford c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) NOV. 30, 1957	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 6, 1877
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	
11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Deceased		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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Elsee Lasterford	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Subdural Hemorrhage</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Amputation of Right Leg; Multiple Fractures.</i> OR TO (c) <i>Operated when struck by car</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>operated by one. Crystal Bladder, intersection of Street and Natural Bridge, about 1010 pm. Nov 18, 1957.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>1010 pm. Nov 18, 1957.</i>	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT SUICIDE HOARDER <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>Street</i>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>St. Louis Mo. (e)</i>		21d. TIME (Month) (Day) (Year) OF INJURY <i>Nov 18 57 10 p</i>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Stitch E. Taylor, Coroner</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>12-3-57</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
24b. DATE <i>12/7/57</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	
24d. LOCATION (City, town, or county) (State) <i>Berkley, Missouri</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. B. Keane</i>	
25. ADDRESS <i>1221 N. Grand Blvd.</i>		DATE REC'D BY LOCAL REG. <i>DEC. 3 '57</i>	
REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>		(Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Clarence Croome*

Licensed Embalmer No. *1755*

P. O. Address *124 N. 1st*

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.