

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

47537  
 STATE FILE NUMBER  
 Registrar's No. 12769

Registration District No. 318 Primary Registration District No. 1003

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		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 21 Homer G. Phillips		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 2190 3121a Bell	
3. NAME OF DECEASED (Type or print) First Middle Last Mildred Gatlin			4. DATE OF DEATH Month Day Year 12 31 57		
5. SEX Female	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 Sept. 16, 1920	9. AGE (In years last birthday) 37	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Jesse McClay		13b. MOTHER'S MAIDEN NAME Frozella Dupes		14. NAME OF HUSBAND OR WIFE Melton Gatlin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give year or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Melton Gatlin 1019 Cardinal		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute Bronchitis &amp; pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chorio carcinoma</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>173x</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>6 wks</u>
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>12-9-57</u> to <u>12-31-57</u> and last saw her <sup>her</sup> alive on <u>12-31-57</u> Death occurred at <u>1:20 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>P. W. Wood</u> , M.D.			22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 1-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/6/58	23c. NAME OF CEMETERY OR CREMATORY Oakdale Park		23d. LOCATION (City, town, or county) (State) Berkeley, Missouri	
24. FUNERAL DIRECTOR <u>B. B. Hooper</u> 1221 N. Grand Blvd.			25. DATE RECD. BY LOCAL REG. JAN 6 58	26. REGISTRAR'S SIGNATURE <u>J. Paul Smith, M.D.</u> S.P.	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

*Mahmud Blackman*

Licensed Embalmer No. *3962*  
P. O. Address *1221 N. Dr...*

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.