

Health,
Welfare
Public
Service

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 23 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3316

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **480**

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 St. Marys Infirmery		Length of stay in lb 34	d. STREET ADDRESS 1316 Biddle St.
3. NAME OF DECEASED (Type or print) First Defelia Middle Miles Last Miles		4. DATE OF DEATH Month 1/ Day 13/ Year 58	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Jan 1-1908
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houswife		10b. KIND OF BUSINESS OR INDUSTRY No	11. BIRTHPLACE (City and state or country) Miss
12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Thomas Lee	
14. MOTHER'S MAIDEN NAME Callie Gully		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. No		17. INFORMANT Address Alonza Miles 1316 Biddle 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) Uremia			INTERVAL BETWEEN ONSET AND DEATH 1-7-58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute renal failure			1-1-58
DUE TO (c) Malignant Hypertension			12-15-58
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 445x			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 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 12-31-57 , to 1-13-58 and last saw her/him alive on 1-13-58 Death occurred at 9:25 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. Sheppard M.D.</i> (Degree or title)		22b. ADDRESS 2704 Franklin	22c. DATE SIGNED 1-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/18/58	23c. NAME OF CEMETERY OR CREMATORY Washington Park	23d. LOCATION (City, town, or county) (State) St. Louis County Mo
24. FUNERAL DIRECTOR Boyd Bros		ADDRESS 3706 Finney Ave	25. DATE RECD. BY LOCAL REG. JAN 15 '58
			26. REGISTRAR'S SIGNATURE <i>Carl Smith</i> MSB

(Licensed Embolmer's Statement on Reverse Side)

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.....
E. Edward A. Flynn

Licensed Embalmer No. *444*

P. O. Address *4107 E*

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.