

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1958

3606

STATE FILE NUMBER

Registration District No. ....

318

Primary Registration District No. ....

1003

Registrar's No. ....

1160

300  
1-57

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

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, MISSOURI		Inside Limits 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) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL		Length of stay in 1b	d. STREET ADDRESS 2119 4587 a. Easton Ave		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ELESTER NMN SINGLETON			4. DATE OF DEATH Month Day Year DEATH JANUARY 29, 1958		
5. SEX Male	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 August 7, 1907	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self-Employed		10b. KIND OF BUSINESS OR INDUSTRY T.V. & Radio Serv.	11. BIRTHPLACE (City and state or country) Benton, Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME J. Singleton		13b. MOTHER'S MAIDEN NAME Effie Bass		14. NAME OF HUSBAND OR WIFE Mary E. Singleton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 428-07-1810	17. INFORMANT Address Mary E. Singleton 4587 a. Easton Ave.		
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 VASCULAR ACCIDENT, MASSIVE, WITH INTRACEREBRAL HEMORRHAGE HYPERTENSION DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 3 DAYS MONTHS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS MONTHS					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 JAN. 26, 1958 to JAN. 29, 1958 and last saw her alive on JAN. 29, 1958 Death occurred at 5:10 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. W. Roberts, M. D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 1/29/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (R.R.)	23b. DATE 2/1/58	23c. NAME OF CEMETERY OR CREMATORY Jackson, Mississippi	23d. LOCATION (City, town, or county) Jackson, Mississippi		
24. FUNERAL DIRECTOR ADDRESS C.W. Roberts Und.Co 1416 N. Taylor Ave.		25. DATE RECD. BY LOCAL REG. JAN 31 58	26. REGISTRAR'S SIGNATURE J. Paul Smith, M.D. S.P.		

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 A. Carter* .....  
Licensed Embalmer No. *11681* .....  
P. O. Address *Don* .....

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.