

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007574
STATE FILE NUMBER

FILED FEB 28 1958

318

1003

1546

Registration District No. Primary Registration District No. Registrar's No.

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) OR TOWN St. Louis		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 38 D.O.A. Homer Ct.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2197 3818 Delmar Blvd.
3. NAME OF DECEASED (Type or print) First Middle Last Alex. Middlebrooks		4. DATE OF DEATH Month Day Year 2 - 7 - 58	
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 7-16-1872
9. AGE (In years last birthday) 85	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Jessie Middlebrooks		14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yrs. give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Address Lucy Middlebrooks-3818 Delmar	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) External Hemorrhage Multiple Fractures. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS e.g. operated by one Hubert Spaulding, Jr. M.D. at 1300 Packard and Vandeventer, 908 pm. Feb 7, 1958.		WAS AN AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Packard and Vandeventer, 908 pm. Feb 7, 1958.	
20c. TIME OF INJURY Hour Month, Day, Year 9:08 p. m. 2. 7. 58	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 19 Street	20e. CITY, TOWN, OR LOCATION St. Louis Mo
20f. COUNTY Mo	20g. STATE	20h. COUNTY
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 9:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Name or title) James L. Price	22b. ADDRESS 1300 Clare	22c. DATE SIGNED 2/10/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-14-58	23c. NAME OF CEMETERY OR CREMATORY Washington Park
23d. LOCATION (City, town, or county) St. Louis County, Mo.	23e. STATE	23f. COUNTY
24. FUNERAL DIRECTOR Price Benev. Ord. Fr. 2829 Washington Ave.	25. DATE RECD. BY LOCAL REG. FEB 10 '58	26. REGISTRAR'S SIGNATURE C. L. Smith Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Edward A. Flynn*

Licensed Embalmer No. *444*

P. O. Address *4202 Fern*

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.