

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008068

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 436

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Meacham Park		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County			Length of stay in 1b 37 yrs.		d. STREET ADDRESS 116 New York St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) Alice				First		Middle		Last		4. DATE OF DEATH Month Day Year 2-11-58		
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 July 1, 1901		9. AGE (In years last birthday) 55		IF 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 At home		11. BIRTHPLACE (City and state or country) Yazoo City, Mississippi			12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Goldie McCluarin						14. MOTHER'S MAIDEN NAME Maria Anderson						
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. None		17. INFORMANT John Jefferson Address 116 New York 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) Bronchopneumonia										INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis												
DUE TO (c) Chronic Brain Syndrome												
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes mellitus										19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year 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 12-16-57 to 2-11-58 and last saw her alive on 2-11-58 Death occurred at 2:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE Gene H. Page, M.D. (Degree or title)						22b. ADDRESS 601 So. Brentwood			22c. DATE SIGNED 2-11-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-14-58		23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK			23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.					
24. FUNERAL DIRECTOR Charles J. Gates ADDRESS 4107 Finney				25. DATE RECD. BY LOCAL REG. 2-12-58		26. REGISTRAR'S SIGNATURE Herbert R. Danke M.D.						

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard form. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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.....
Licensed Embalmer No. 458

P. O. Address 4107 Finn

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.