

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008360
State File No.

FILED FEB 28 1958

BIRTH NO. _____		REG. DIST. NO. <u>312</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>555</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Roberston Mo.</u>)		c. LENGTH OF STAY (In this place) (township) <u>20Dys.</u>		c. CITY OR TOWN <u>Roberston</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Sarah Francis Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>414 Van Buren Ave</u>			
3. NAME OF DECEASED a. (First) <u>Mattie</u>		b. (Middle) <u>Matilda</u>		c. (Last) <u>Grooms</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17. 1958</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>June 26. 1873</u>	
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>8</u>		11. DAYS <u>18</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Missionary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Religion</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Union Mo.</u>			
13a. FATHER'S NAME <u>Pleasant Aitch</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bell</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Grooms</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mittie Huleay</u> ADDRESS <u>414 Van Buren</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Systolic Heart Disease</u> ANTECEDENT CAUSES <u>Diabetes Mellitus</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>260X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 days</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>2-8, 1958</u> , to <u>2-17, 1958</u> , that I last saw the deceased alive on <u>2-16, 1958</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Franklin S. Alexander MD</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>826 N CANNING</u>		23c. DATE SIGNED <u>2-21-58</u>	
24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Buried - removed</u>		24b. DATE <u>Feb. 23. 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robertsville Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Franklin Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/23/58</u>		REGISTRAR'S SIGNATURE <u>Harbert B. Donahoe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hemphill Funeral Home</u> ADDRESS <u>408 S. Fillmore</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 4444

P. O. Address 408 S. Fuller

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.