

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011963
State File No.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 3396

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3396			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>11 FIRMEN DESLOGE Hosp 221</u>				e. STREET ADDRESS (If rural, give location) <u>2629 Pine St.</u>					
3. NAME OF DECEASED a. (First) <u>ROSIE</u> (Type or Print)			b. (Middle) <u>Mc CLENDON</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>3-20-58</u>		
5. SEX <u>7 F</u>		6. COLOR OR RACE <u>col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>		8. DATE OF BIRTH <u>unknown</u>		9. AGE (In years last birthday) <u>63</u> If under 1 year: Months _____ Days _____ If under 1 hr. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>St. Nicholas Hotel</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Estelle, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Wynn</u>			14. NAME OF HUSBAND OR WIFE <u>unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>409-16-3372</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hattie Jackson 5870 Cabanne</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, asthma, etc. It means the disease, injury, or complications which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>12-30-57</u> to <u>3/20</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>3/20</u> , 19 <u>58</u> , and that death occurred at <u>3:45 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Geoffrey Miller</u> (Degree or title)					23b. ADDRESS _____		23c. DATE SIGNED <u>MAR 24 '58</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-25-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>MAR 24 '58</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Atkins Bros. 3644 Finney Ave.</u>				

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

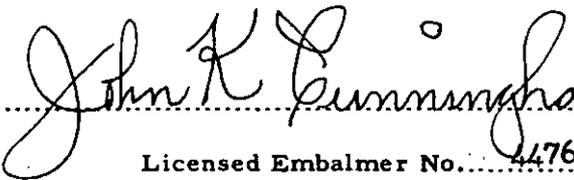
STATEMENT BY LICENSED EMBALMER

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. 476

P. O. Address 2405 Marcus

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.