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FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012317
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2484

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, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSP. #1.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>2370 1542 S. 2nd St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>SUSIE SMALL</u>			4. DATE OF DEATH Month Day Year <u>FEB. 28, 1958</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 10th 1902</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Mississippi</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>George Ratliff</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Ratliff</u>		14. NAME OF HUSBAND OR WIFE <u>TOM Small</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Annie Washington</u>		Address <u>313 Marriou</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Patient Obtunded</u> DUE TO (c) <u>Cerebro-vascular accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>13 days</u> <u>14 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetic</u>			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 <u>2/15/58</u> to <u>2/28/58</u> and last saw her/him alive on <u>2/28/58</u> Death occurred at <u>9:10 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. M. Howard M.D.</u>		22b. ADDRESS <u>1515 LA FAYETTE AVE.</u>	
22c. DATE SIGNED <u>2/28/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>3.3.58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oakdale</u>	
23d. LOCATION (City, town, or county) (State) <u>Remay MO</u>		24. FUNERAL DIRECTOR <u>A. H. Burks</u>	
24a. ADDRESS <u>3506 Franklin</u>		24b. DATE RECD. BY LOCAL REG. <u>MAR 1 '58</u>	
24c. REGISTRAR'S SIGNATURE <u>Earl Smith</u>		24d. <u>mxb</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Leroy U. Bannister*

Licensed Embalmer No. *4523*

P. O. Address *2616 N. Hann*

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.