

FILED MAR 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012548
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 743

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</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 OR TOWN <u>CLAYTON MISSOURI</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ELMWOOD</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp.</u>	Length of stay in 1b <u>2 days</u>	d. STREET ADDRESS (If outside, give location) <u>9612 MEETS BLVD.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Crawford</u> Middle <u>Black</u> Last <u>Black</u>	4. DATE OF DEATH Month <u>3</u> Day <u>11</u> Year <u>58</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 4, 1899</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SELF EMPLOYED</u>	11. BIRTHPLACE (City and state or country) <u>FORREST CITY, ARK</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>CRAWFORD BLACK SR.</u>	13b. MOTHER'S MAIDEN NAME <u>MOLLIE McFERRIN</u>	14. NAME OF HUSBAND OR WIFE <u>MR. WESLEY BLACK</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>498-03-7787</u>	17. INFORMANT <u>MR. WESLEY BLACK</u>	Address <u>ELMWOOD MO. 9612 MEETS BLVD.</u>
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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>acute fibrinopurulent pericarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Pneumococcus</u>	
	DUE TO (c) <u>Generalized arteriosclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>5233</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour <u>9:42 P</u> Month <u>3</u> Day <u>10</u> Year <u>58</u>	20d. INJURY OCCURRED WHILE AT <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 <u>ELMWOOD</u> COUNTY <u>MO.</u> STATE <u>MO.</u>
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21. I attended the deceased from <u>3-10-58</u> to <u>3-11-58</u> and last saw her alive on <u>3-11-58</u> Death occurred at <u>9:42 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>John E. Oakley, M.D.</u>	22b. ADDRESS <u>60150 Brentwood</u>	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-17-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>ST LOUIS COUNTY, MO.</u>
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24. FUNERAL DIRECTOR <u>P. WADE GRANBERRY</u>	ADDRESS <u>FINNEY 4202</u>	25. DATE RECD. BY LOCAL REG. <u>3-13-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert P. Dombke M.D.</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Edward P. Flynn

Licensed Embalmer No. *4444*

P. O. Address *4202 Fleming*

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.