

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015665  
State File No. ....

FILED MAY 8 1958

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4160

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>W. Birman Desloge Hosp</u>		STREET ADDRESS (If rural, give location) 5119 Ridge			
3. NAME OF DECEASED (Type or Print) a. (First) Booker b. (Middle) T. c. (Last) Collard		4. DATE OF DEATH April 14 1958			
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 22 Mar. 1918	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Brown Shoe Co.		11. BIRTHPLACE (City and State or Foreign Country) Grace Mississippi	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Mongoleann Collard		13b. MOTHER'S MAIDEN NAME Lillie Raspberry	
14. NAME OF HUSBAND OR WIFE Jean Collard		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes World War II		16. SOCIAL SECURITY NO. 491 14 4090	
17. INFORMANT'S SIGNATURE OR NAME Jean Collard		18. ADDRESS 5119 Ridge			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u>			2 weeks
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>331x</u>			3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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>4-1</u> , 19 <u>58</u> , to <u>4-15</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>4-14</u> , 19 <u>58</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.					
23. SIGNATURE <u>Jade Z...</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4500 Olive St., St. Louis 8, Mo.</u>	
23c. DATE SIGNED <u>4-16-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>18 Apr. 1958</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery Jefferson Brks</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>APR 16 '58</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Reliable Funeral Sys. 1389 N. Union</u>	

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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..... *Paul Freeman*

Licensed Embalmer No. *468*

P. O. Address *4729 / Nov*

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.