

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015878  
STATE FILE NUMBER

FILED MAY 8 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4555

300

-57

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>St. Louis</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>4353 Garfield</b>  |                                  | Length of stay in lb<br><b>2/19</b>   | d. STREET<br>ADDRESS <b>4353 Garfield</b>                                     |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>CORDELIA</b>   |                                  | First Middle Last<br><b>HANNAH</b>  | 4. DATE<br>OF<br>DEATH <b>April 26, 1958</b>                                  |
| 5. SEX <b>3</b><br><b>Female</b>  | 6. COLOR OR RACE<br><b>Negro</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Dec. 28, 1869</b>                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>--</b>  | 9. AGE (In years last birthday)<br><b>88</b>                                  |
| 11. BIRTHPLACE (City and state or country)<br><b>Huntsville, Alabama</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>   |   |
| 13a. FATHER'S NAME<br><b>Joel Bone</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mahalia Betts</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Gabrial Hannah</b>                          |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no or unknown) <b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT<br>Address<br><b>John Bone 4353 Garfield Avenue</b>             |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Expansive Aortic Aneurysm of Ascending Aorta</b>  |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 yrs</b>  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <b>Chronic Hypertension</b>  |                                  |   |   |
| DUE TO (c)  |                                  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                                  | 19. WAS AUTOPSY PERFORMED?<br>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.)  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |                                  |   |   |
| 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 COUNTY STATE                                     |
| 21. I attended the deceased from <b>Mar 1956</b> to <b>April 26</b> and last saw her alive on <b>April 26-1958</b><br>Death occurred at <b>3:30 pm</b> m of the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |
| 22a. SIGNATURE<br><b>J. E. Moore, M.D.</b> (Degree or title)  |                                  | 22b. ADDRESS<br><b>2330 Franklin</b>  | 22c. DATE SIGNED<br><b>4/28/58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>4/30/58</b>      | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Father Dickson Cem.</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>Charles J. Gates</b>   |                                  | ADDRESS<br><b>4107 Finney</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>APR 28 '58</b>                             |
|   |                                  | 26. REGISTRAR'S SIGNATURE<br><b>J. Carl Smith, M.D.</b><br><b>S.P.</b>  |   |

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 *Gayton Swan* .....  
Licensed Embalmer No. 4580 .....

P. O. Address 4107 Finney Av .....

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.