

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

58-030718

State File No. ....

FILED AUG 28 1958

BIRTH NO. ....

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8106

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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 50 yrs		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital		e. STREET ADDRESS (If rural, give location) 4551 Kennerly Ave.			
3. NAME OF DECEASED (Type or Print) Lola		a. (First)		b. (Middle) Mack	
c. (Last)		4. DATE OF DEATH 8 19 58		5. SEX Female 3	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 2, 1890	
9. AGE (In years last birthday) 67		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Knoxville, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE William Mack	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Rev. William Mack	
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 complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) 443x			INTERVAL BETWEEN ONSET AND DEATH 6 months
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 July 15, 1958, to Aug 19, 1958, that I last saw the deceased alive on Aug 18, 1958, and that death occurred at 6:15 A.M., from the causes and on the date stated above.					
23a. SIGNATURE Chas. P. Farde		23b. ADDRESS W.D. 2801 N. Taylor		23c. DATE SIGNED 8/19/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 8-22-58		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Dement & Son 2629-31 Cole Street			
DATE REC'D BY LOCAL REG. AUG 20 1958		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		ADDRESS	

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 *Arthur L. Heilliard*.....

Licensed Embalmer No. *4221*.....

P. O. Address *3100 Cortez*.....

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.