

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034457  
State File No. ....

FILED SEP 25 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8868**

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

|   |                             |  |  |
|---|-----------------------------|--|--|
| 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, write RURAL and give town) <b>St Louis</b>  |                             | c. LENGTH OF STAY (in this place) <b>27 yrs.</b>   | c. CITY OR TOWN <b>St. Louis</b>                                       |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>25 No I Hospital</b>   |                             | e. STREET ADDRESS (If rural, give location) <b>219 221 B. Franklin Ave.</b>  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Martha</b>   |                             | b. (Middle) <b>Littles</b>   | 4. DATE OF DEATH (Month) (Day) (Year) <b>9 11 58</b>                   |
| 5. SEX <b>F</b>   | 6. COLOR OR RACE <b>Col</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  | 8. DATE OF BIRTH <b>3-1-1907</b>                                       |
| 9. AGE (In years last birthday) <b>51</b>   |                             | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Oaklona Miss</b> |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>   |                             | 13. FATHER'S NAME <b>Buck Snow</b>   |  |
| 13b. MOTHER'S MAIDEN NAME <b>Anniebell Wooders</b>  |                             | 14. NAME OF HUSBAND OR WIFE <b>Abraham Littles</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |                             | 16. SOCIAL SECURITY NO. <b>—</b>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Abraham Littles</b>  |                             | ADDRESS <b>221 B. Franklin Ave</b>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.          |                             | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal Hemorrhage</b><br><br>ANTECEDENT CAUSES<br>DUE TO <b>Splenectomy (traumatic)</b><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO <b>suffered at the hands of party or parties unknown</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death <b>Fractured Pelvis unknown</b> |  |
| 19a. DATE OF OPERATION  |                             | 19b. MAJOR FINDINGS OF OPERATION <b>E 983x</b>   |  |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |                             | 21a. ACCIDENT (Specify) <b>Ferdict</b>   |  |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>S</b>   |                             | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>130 A.M.</b> , from the causes and on the date stated above. |                             |  |  |
| 23a. SIGNATURE <b>Deputy Registrar</b>  |                             | 23b. ADDRESS <b>1300 Clark</b>   |  |
| 23c. DATE SIGNED <b>9/15/58</b>   |                             |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |                             | 24b. DATE <b>9-19-1958</b>   |  |
| 24c. NAME OF SEMETERY OR CREMATORY <b>Father Dixon</b>  |                             | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County, MO</b>  |  |
| DATE REC'D BY LOCAL REG. <b>SEP 15 58</b>   |                             | REGISTRAR'S SIGNATURE <b>J. Cash Smith</b>   |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE <b>G. P.</b>   |                             | ADDRESS <b>GUSHOWE 2930 DICKSON ST.</b>  |  |

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 H. Bannister

Licensed Embalmer No. 452

P. O. Address 4251 Wash

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.