

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041296

STATE FILE NUMBER

FILED DEC 5 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10831

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Maplewood 4524
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 27 7603 Weaver
3. NAME OF DECEASED (Type or print) First Middle Last Marie Black			4. DATE OF DEATH Month Day Year 11/9/58		
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/9/1894	9. AGE (In years last birthday) 64 yrs.	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Coffey Co. Kan. 1	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Stephan Clark Dillon		13b. MOTHER'S MAIDEN NAME Minnie Roney Carson	
14. NAME OF HUSBAND OR WIFE Stanley T. Black		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. None	
17. INFORMANT Frances Wilson		Address 3004 Virginia Ave.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage Brain stem</i>	
INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>		DUE TO (b) _____		DUE TO (c) <i>331X</i>	
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? 1 YES <input checked="" type="checkbox"/> NO <input 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 Hour Month, Day, Year 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 <i>Nov. 1, 1958</i> to <i>Nov. 9, 1958</i> and last saw her alive on <i>Nov. 8, 1958</i> Death occurred at <i>150A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Frank A. Dill</i> (Degree or title)		22b. ADDRESS <i>7546a Manchester Maplewood, Mo.</i>		22c. DATE SIGNED <i>11-10-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/11/58		23c. NAME OF CEMETERY OR CREMATOR Mt. Zion	
23d. LOCATION (City, town, or county) Pond Creek, Okla.		24. FUNERAL DIRECTOR E.J. Schnur		25. DATE RECD. BY LOCAL REG. NOV 12 58	
26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> M.F.B.					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS FEB 23 1960

OCT 24 1960

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 *Thomas R. Fenwick* .....

Licensed Embalmer No. *3793* .....

P. O. Address *3125 Lafayette* .....

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.