

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041878

State File No. ....

FILED DEC 5 1958

BIRTH NO. 86204-58 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10656

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 <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>11 day</u>	c. CITY OR TOWN <u>ST. LOUIS</u> <sup>4140</sup> / <sub>28</sub>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DE PAUL HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) <u>—</u>	c. (Last) <u>LITTLE</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 5 1958</u>		5. STREET ADDRESS (If rural, give location) <u>27 5742 APRICOT AVE</u>	
8. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	9. AGE (In years last birthday) <u>NOV. 4, 1958</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS 20, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
13a. FATHER'S NAME <u>ARTHUR JOHN LITTLE</u>		13b. MOTHER'S MAIDEN NAME <u>JOAN MARY BURDEK</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joan Little</u>	
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) <u>Obstructive pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>menstruation</u> DUE TO (c) <u>762.5</u> 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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>11/4</u> , 19 <u>58</u> , to <u>11/4</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>11/4</u> , 19 <u>58</u> and that death occurred at <u>1:15 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Jackson Ofo</u> (Degree or title) <u>md</u>		23b. ADDRESS <u>634 NO Grand</u>	
23c. DATE SIGNED <u>11/5/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>11/6/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Buchholz Mortuary</u> ADDRESS <u>5967 W. Florissant Ave.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 6 '58</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, m.d.</u> (Licensed Embalmer's Statement on Reverse Side)	

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.....  
*Nat Embalmed*  
*Welford Berakho*

Licensed Embalmer No. *453*

P. O. Address *A. Lou*

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.