

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

78-046569

STATE FILE NUMBER

FILED DEC 30 1958

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 3269

300
-57

1. PLACE OF DEATH a. COUNTY Saint, Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY OR TOWN Brentwood, Missouri <small>(Whits, give TOWNSHIP only)</small>		c. CITY OR TOWN Saint Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County		d. STREET ADDRESS 2231 a Pine Street	
3. NAME OF DECEASED (Type or print) Essie Blair		4. DATE OF DEATH 12 10 1958	
5. SEX F	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 8, 1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		10b. KIND OF BUSINESS OR INDUSTRY UNK.	11. BIRTHPLACE (City and state or country) Fulton Kentucky
13a. FATHER'S NAME Mr. Joe Skates		14. NAME OF HUSBAND OR WIFE UNK.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 496-22-6174	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HYPERTENSION			
DUE TO (c) 331X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHRONIC CYSTITIS		19. WAS AUTOPSY PERFORMED? 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			
20d. INJURY OCCURRED WHILE AT WORK <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 12-9-1958 to 12-10-1958 and last saw her alive on 12-10-1958 Death occurred at 7:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Donald B. Kelly M.D.		22b. ADDRESS 601 S. Brentwood Blvd	
		22c. DATE SIGNED 12/11/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-17-58	
23c. NAME OF CEMETERY OR CREMATORY NASHINGTON PARK		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, Mo.	
24. FUNERAL DIRECTOR E. B. Roonce ADDRESS 221 N. Grand		25. DATE RECD. BY LOCAL REG. 12-13-58	
		26. REGISTRAR'S SIGNATURE Herbert P. Donk M.D.	

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 *Clarence Graham*

Licensed Embalmer No. *4755*

P. O. Address *12214 Ave*

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.