Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003335

STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 948

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST.LOUIS,MO. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST.LOUIS CITY HOSP. #1. — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri. b. COUNTY
c. CITY OR TOWN: St. Louis. — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3816a Laclede, Ave. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: DILLIE Middle: PEARL Last: NORTHAM

4. DATE OF DEATH Month: JAN. Day: 26, Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: March 8, 1895

9. AGE (In years last birthday): 63 — 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: At Home

11. BIRTHPLACE (City and state or country): Gibson County, Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Harvel Test

13b. MOTHER'S MAIDEN NAME: A. Griham

14. NAME OF HUSBAND OR WIFE: William Edgar Northam

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: J. B. Northam, 3763 Westminster, 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) pyonephrosis, rt — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ureters' calculi, rt
DUE TO (c) 602x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): hypertensive cardiovascular disease

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1/22/59, to 1/26/59 and last saw her/him alive on 1/26/59
Death occurred at 2:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Rhys a. Williams M.D.

22b. ADDRESS: 1515 LAFAYETTE AVE

22c. DATE SIGNED: 1/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 1-27-59

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): Obion, Tenn.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG.: JAN 27 '59

26. REGISTRAR'S SIGNATURE: J. Earl Smith MD MSB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Stanley H. Sidoni

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.