Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006965
STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1581

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DOA City Hospital #1 — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo — b. COUNTY

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1103 N. Channing — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Anna Middle Patsy Last Canaday

4. DATE OF DEATH Month 2 Day 8 Year 59

5. SEX Female

6. COLOR OR RACE Negro

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH Feb 13, 1874

9. AGE (In years last birthday) 84 — 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) retired

10b. KIND OF BUSINESS OR INDUSTRY retired

11. BIRTHPLACE (City and state or country) Gregory Ark

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

13a. FATHER'S NAME Elex Gatewood

13b. MOTHER'S MAIDEN NAME Hattie Fisher

14. NAME OF HUSBAND OR WIFE widowed

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. —

17. INFORMANT Annie Mae Jones — Address 1103 N. Channing

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 2nd and 3rd Degree Burns of 100% of Body.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) E916.0 16
INTERVAL BETWEEN ONSET AND DEATH

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? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18) suffered in fire in Home on February 8th 1959.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 2 8 59

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.) 212 Home

20f. CITY, TOWN, OR LOCATION St Louis — COUNTY — STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 325 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible]

22b. ADDRESS 1300 [illegible]

22c. DATE SIGNED 2/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-16-59

23c. NAME OF CEMETERY OR CREMATORY Father Dixon

23d. LOCATION (City, town, or county) Kirkwood (State) Mo

24. FUNERAL DIRECTOR A.H. Burks — ADDRESS 3506 Franklin

25. DATE RECD. BY LOCAL REG. FEB 14 '59

26. REGISTRAR'S SIGNATURE Carl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. Not Embalmed

Student ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.