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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007736
STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 1580

1. PLACE OF DEATH
a. COUNTY

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

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☐ No ☐

c. CITY OR TOWN Missouri — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Homer G. Phillips — Length of stay in 1b

d. STREET ADDRESS (If outside, give location) 3065 Easton — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Della — Middle — Last Underwood

4. DATE OF DEATH Month 2 Day 11 Year 59

5. SEX Female 3

6. COLOR OR RACE Negro

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH Dec. 24, 1900

9. AGE (In years last birthday) 58 — 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) Unemployed

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) New Oreleans, La. 1

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

13a. FATHER'S NAME Severant Sweeney

13b. MOTHER'S MAIDEN NAME Unknwon

14. NAME OF HUSBAND OR WIFE Deceased

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 Marie Lewis — Address 3065 Easton Avenue

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) MYOCARDIAL INFARCT,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CORONARY ARTERIOSCLEROSIS
DUE TO (c) 420.1

INTERVAL BETWEEN ONSET AND DEATH: undet.

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.)

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 2-6-59, to 2-11-59 and last saw her/him alive on 2-11-59
Death occurred at 4:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul U. Lasso, M.D.

22b. ADDRESS 2601 Whittier Street

22c. DATE SIGNED 2-13-59

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

23b. DATE 2/16/59

23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR E. B. Koonce — ADDRESS 1221 N. Grand

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

26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence Cardwell

Licensed Embalmer No. 4755

P. O. Address 1221 N Grand

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.