

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007812  
State File No. \_\_\_\_\_

FILED MAR 2 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. **2 1546**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis.</b>		c. CITY OR TOWN <b>St. Louis.</b>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3864 Page</b>		e. STREET ADDRESS (If rural, give location) <b>3864 Page</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alma</b> b. (Middle) <b>P.</b> c. (Last) <b>Womack</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2-10-59</b>	
5. SEX <b>Female<sup>3</sup></b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Student</b>	8. DATE OF BIRTH <b>4-30-50</b>
9. AGE (In years last birthday) <b>8</b>		# UNDER 1 YEAR Months Days	# UNDER 100 HOURS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Thomas Womack</b>		13b. MOTHER'S MAIDEN NAME <b>Alma Patterson</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Thomas Womack</b>		ADDRESS <b>5536 St. Louis Ave</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lacerations of the right thigh</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Internal Injuries</b>  DUE TO <b>suffered in area struck</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>by tornado on February 10th</b>		INTERVAL BETWEEN SHEET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1959 about 220 am.</b>	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SPECIFIC? (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	
21c. (CITY, TOWN, OR TOWNSHIP) AND (COUNTY) (STATE) <b>St. Louis MO.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>2 10 59 20</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>E 934.0</b> <b>46</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>340A m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Patrick Taylor</b>		23b. ADDRESS <b>1300 Oak</b>	
23c. DATE SIGNED <b>2.13.59</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-10-59</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood CEM</b>		24d. LOCATION (City, town, or county) (State) <b>6500 St. Louis Ave MO.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 13 59</b>		REGISTRAR'S SIGNATURE <b>Roald Smith, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J. McClendon</b>		ADDRESS <b>4535 Washington Bld.</b>	

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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 *Arthur L. Healliard*

Licensed Embalmer No. *427*

P. O. Address *3100 Easton*

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.