

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014642
State File No. **2 4051**

FILED MAY 11 1959

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give townshp) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 728 N. Taylor				STREET ADDRESS (If rural, give location) 728 N. Taylor			
3. NAME OF DECEASED (Type or Print) Missouri		a. (First)		b. (Middle)		c. (Last) Aye	
4. DATE OF DEATH April 22 1959		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 16 May 1909		9. AGE (In years, Months, Days) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Greenville, Miss	
12. CITIZEN OF WHAT COUNTRY? Mo		13a. FATHER'S NAME Wm		13b. MOTHER'S MAIDEN NAME Wm		14. NAME OF HUSBAND OR WIFE Charles Aye Sr.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or not known) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Charles Aye 728 N. Taylor			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) 420.1 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Terminal Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-4 , 19 59 , to 4-22 , 19 59 , that I last saw the deceased alive on 4-17 , 19 59 , and that death occurred at 7:45 pm. , from the causes and on the date stated above.							
23a. SIGNATURE A. B. Smith, M.D.				23b. ADDRESS 11 N. Jefferson St. Louis		23c. DATE SIGNED 4-24-59	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 29 April		24c. NAME OF CEMETERY OR CREMATORY St. Louis Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REPORT BY LOCAL REG. APR 25 1959		REGISTRAR'S SIGNATURE Edw. Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Reliable Funeral Sys. 1389 N. Union			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *John K. Cunningham*
Licensed Embalmer No. 447

P. O. Address 2405 m

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.