

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023605

FILED JUL 3 1959 Registration District No. 317 Primary Registration District No. 541 STATE FILE NUMBER Registrar's No. 1658

1. PLACE OF DEATH a. COUNTY <b>Saint Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give township only) OR TOWN <b>CLAYTON</b> <small>OWNSHIP only</small> <b>Saint Louis County</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Robertson</b> <b>4000</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis County,</b>		Length of stay in 1b <b>47 DAYS</b>	d. STREET ADDRESS (If outside, give location) <b>36 Richard Kent</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>HATTIE SMALL</b>			4. DATE OF DEATH Month Day Year <b>6 14 1959</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC. 6, 1908</b>
9. AGE (In years last birthday) <b>50</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>ROME, GA.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>ROBERT BURRELL</b>	
13b. MOTHER'S MAIDEN NAME <b>Maggie ALLAN</b>		14. NAME OF HUSBAND OR WIFE <b>Coleman Small</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>unk</b>	17. INFORMANT Address <b>Earl A. Keyes 36 Richard Kent</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ASPIRATION PNEUMONIA</b> DUE TO (b) <b>MALNUTRITION</b> DUE TO (c) <b>SMALL BOWEL FISTULA + Pelvic Abscesses</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hydronephrosis - Rt. Kidney.</b>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Robertson</b>		COUNTY STATE <b>ST. LOUIS MO.</b>	
21. I attended the deceased from <b>4-28-1959</b> to <b>6-14-1959</b> and last saw her alive on <b>6-14-1959</b> Death occurred at <b>6:30 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. B. Kelly</b>		(Degree or title) <b>MD.</b>	22b. ADDRESS <b>6015 Brentwood Blvd.</b>
22c. DATE SIGNED <b>6-20-59</b>		23. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	
23a. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>		(State)	
24. FUNERAL DIRECTOR ADDRESS <b>Charles Gates 4107 Finney Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>6-20-59</b>	26. REGISTRAR'S SIGNATURE <b>J. C. Mumfry M.D.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUL 1956

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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 *Guyton Swan* .....

Licensed Embalmer No. *4580* .....

P. O. Address *4107 Fin...* .....

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.