

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030663

AUG 24 1959

2 7432

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>DOA Homer Phillips</i>		d. STREET ADDRESS (If outside, give location) <i>3018 a Bell</i>	
3. NAME OF DECEASED (Type or print) First <i>Mary</i> Middle <i>Mullins</i> Last		4. DATE OF DEATH Month <i>Aug.</i> Day <i>5.</i> Year <i>1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>negro</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3 Mar 1909</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>housewife</i>	9. AGE (last birthday) <i>51</i>
11. BIRTHPLACE (City and state or country) <i>Columbus Miss.</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S.</i>	
13a. FATHER'S NAME <i>James Davis</i>		13b. MOTHER'S MAIDEN NAME <i>Hanna Henry</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Cecil Mullens</i>		Address <i>744 Aubert Ave.,</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Extensive Subarachnoid and Subdural Hemorrhage. Fractured ribs (24) Fractured Sternum Ruptured Liver</i>			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) <i>Suffered when</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>
20b. DEGREE AND NATURE OF INJURY OCCURRED. (Enter nature of injury in PART II, and degree in PART III) <i>Fractured ribs (24) Fractured Sternum Ruptured Liver</i>			
20c. TIME OF INJURY Hour <i>8:55</i> a.m. p.m. Month, Day, Year <i>1959. by one Clifford Spay.</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		
20e. CITY, TOWN, OR LOCATION <i>St Louis</i>		COUNTY <i>Mo</i>	
21. I attended the deceased from <i>12:56 P</i> to <i>P</i> and last saw her/him alive on <i>8/21/59</i> Death occurred at <i>12:56 P</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>James E. Zimm</i>	
22b. ADDRESS <i>1300 Claes</i>		22c. DATE SIGNED <i>8/21/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>12 Aug. 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>NATIONAL CO.</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>
24. FUNERAL DIRECTOR <i>Reliable Funeral Sys;</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 1 0'59</i>	26. REGISTRAR'S SIGNATURE <i>Road Smith, M.D.</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Main

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.