

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 8 1960

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i>				Length of stay in 1b		c. CITY OR TOWN <i>St Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>BLIND GIRLS HOME</i>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>5235 PAGE BLVD</i>	
3. NAME OF DECEASED (Type or print) <i>JALLA FLINT</i>				First Middle Last		4. DATE OF DEATH <i>December 22 1959</i>	
5. SEX <i>FEMALE</i>		6. COLOR OR RACE <i>WHITE</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>March 7 - 1875</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>WIFE</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>		9. AGE (last birthday) <i>84</i>	
11. BIRTHPLACE (City and state or country) <i>HAZEL RUN - MISSOURI</i>				12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>			
13a. FATHER'S NAME <i>J. L. ASHBURY</i>				13b. MOTHER'S MAIDEN NAME <i>JULIE PIPHEN</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <i>NO ONE</i>		17. INFORMANT Address <i>Mrs Beulah Hardin 5235 Page</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>C.V.A. Cerebral hemorrhage</i>							
DUE TO (b) <i>CHRONIC HYPERTENSIVE</i>							
DUE TO (c) <i>331X</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 _____ a.m. _____ p.m. Month, Day, Year _____				20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY STATE	
21. I attended the deceased from <i>1946</i> to <i>Dec. 22, 1959</i> and last saw her ^{her} _{him} alive on <i>12-22-59</i> Death occurred at <i>10 - P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Edw. Helbring</i> (Degree or title)				22b. ADDRESS <i>950 Francis Pl., Clayton</i>		22c. DATE SIGNED <i>12-23-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<i>CREMATION</i>		<i>DEC 24 1959</i>		<i>VAL HALLA CEMETERY</i>		<i>ST LOUIS, G. MISSOURI</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Bensief - Dehauer 1431 Union</i>				25. DATE RECD. BY LOCAL REG. <i>DEC 23 1959</i>		26. REGISTRAR'S SIGNATURE <i>Earl 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert M. Murray,

Licensed Embalmer No.

3749

P. O. Address

St Louis Mo

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.