No. 300
10.48

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

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2461

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 777

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Louis Mo
c. LENGTH OF STAY (In this place): 0-0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOMER PHILLIPS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY:
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: ST. LOUIS 17
d. STREET ADDRESS (If rural, give location): 310 ELWOOD AVE. 9

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Bernard
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 1-24-49

5. SEX: FEMALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): -
8. DATE OF BIRTH: NOV. 30 1866
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 1, Days 22; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): FESTUS MO
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: JAMES MITCHELL
13b. MOTHER'S MAIDEN NAME: SUSIE ?
14. NAME OF HUSBAND OR WIFE: HENRY SALTERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: James Salters
ADDRESS: 310 ELWOOD

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Decompensation Arteriosclerotic Heart Disease with

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Undetermined
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Ulcer of leg and Hypertrophic Arthritis

INTERVAL BETWEEN ONSET AND DEATH: 0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-10, 19 49, *to* 1-22, 19 49, *that I last saw the deceased alive on* 1-22, 19 49, *and that death occurred at* 8:50 am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Oliver L Daniels M. D.
23b. ADDRESS: 2601 N Whittier St
23c. DATE SIGNED: 1-26-49

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: 1-26-49
24c. NAME OF CEMETERY OR CREMATORY: Oakdale Cem.
24d. LOCATION (City, town, or county) (State): St. Louis Mo

DATE REC'D BY LOCAL REG.: JAN 26 1949
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Elmer E. Fellin
ADDRESS: 3030 Bell

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Esther K. Harris

Licensed Embalmer No. 4458

P. O. Address 3510 Bell L

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 this body is not embalmed, fact should be so stated above.