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FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20709

State File No. 4788  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis                                    |  |
| c. LENGTH OF STAY (in this place)<br>20 years                                     |  | d. STREET ADDRESS (If rural, give location)<br>20 - 2717 Glasgow Ave   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>2717 Glasgow Ave                       |  |  |  |

|                                     |                   |               |                 |  |
|-------------------------------------|-------------------|---------------|-----------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Mahala | b. (Middle) J | c. (Last) Adams | 4. DATE OF DEATH (Month) (Day) (Year)<br>5 - 30 - 1949 |
|-------------------------------------|-------------------|---------------|-----------------|--|

|                  |                             |   |                                     |                                       |                                |                                |
|------------------|-----------------------------|---|-------------------------------------|---------------------------------------|--------------------------------|--------------------------------|
| 5. SEX<br>Female | 6. COLOR OR RACE<br>Colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widowed | 8. DATE OF BIRTH<br>December 28, 89 | 9. AGE (In years last birthday)<br>59 | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min. |
|------------------|-----------------------------|---|-------------------------------------|---------------------------------------|--------------------------------|--------------------------------|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>nil | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)<br>Tuskegee, Alabama. | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A. |
|--|-----------------------------------|---|--|

|                                     |                                      |   |
|-------------------------------------|--------------------------------------|---|
| 13a. FATHER'S NAME<br>Patrick Jones | 13b. MOTHER'S MAIDEN NAME<br>Emily ? | 14. NAME OF HUSBAND OR WIFE<br>deceased |
|-------------------------------------|--------------------------------------|---|

|  |                                 |   |         |
|--|---------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>no | 16. SOCIAL SECURITY NO.<br>none | 17. INFORMANT'S SIGNATURE OR NAME<br>Inez Adams Armstrong, 2717 Glasgow St. | ADDRESS |
|--|---------------------------------|---|---------|

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH<br>2 wks. |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Upper Respiratory Infection</u><br>DUE TO (c) |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |  |
|--|--|--|
| 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)<br>St. Louis, St. Louis, Mo. |
|--|--|--|

|   |  |                            |
|---|--|----------------------------|
| 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 5-26, 1949, to 5-30, 1949, that I last saw the deceased alive on 5-29, 1949, and that death occurred at 7:45A.M., from the causes and on the date stated above.

|   |                                       |                             |
|---|---------------------------------------|-----------------------------|
| 23a. SIGNATURE (Degree or title)<br>James M. Shuttles, M.D. | 23b. ADDRESS<br>4503 a Page St. Louis | 23c. DATE SIGNED<br>5-31-49 |
|---|---------------------------------------|-----------------------------|

|  |                       |  |  |
|--|-----------------------|--|--|
| 24. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial | 24b. DATE<br>6-2-1949 | 24c. NAME OF CEMETERY OR CREMATORY<br>Washington Park Cemetery | 24d. LOCATION (City, town, or county) (State)<br>St. Louis Missouri. |
|--|-----------------------|--|--|

|  |  |  |                              |
|--|--|--|------------------------------|
| DATE REC'D BY LOCAL REG.<br>JUN 1 1949 | REGISTRAR'S SIGNATURE<br>J. B. Fasater | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Ellis Funeral Home | ADDRESS<br>2820 Stoddard St. |
|--|--|--|------------------------------|

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 .....  
Student Embalmer

Signed

*Fulton E. Culkin*

Licensed Embalmer No. *498*

P. O. Address *St. Louis 13.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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