

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34878

State File No. \_\_\_\_\_

9291

BIRTH NO. 60114-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 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, write RURAL and give township) OR TOWN <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>22 2742 Clark Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hosp</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Patricia</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Alcox</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 27, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug 26, 1949</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR (Month) (Day) IF UNDER 24 HRS. (Hour) (Min.) <u>7 wks</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Willet Chatman</u>	13b. MOTHER'S MAIDEN NAME <u>Janet Alcox</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unk</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infectious Diarrhea</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>C</u>	20. AUTOPSY? 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) <u>1149</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>5110</u>

22. I hereby certify that I attended the deceased from Oct 23, 1949, to Oct 27, 1949, that I last saw the deceased alive on Oct 27, 1949, and that death occurred at 10:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. F. Hedie</u> (Degree or title) <u>M D</u>	23b. ADDRESS <u>2601 N Whittier</u>	23c. DATE SIGNED <u>10-28-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>
DATE REC'D BY LOCAL REG. <u>OCT 29 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, County</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>G. Wade Granberry</u>		ADDRESS <u>4202 Finney</u>

WRITE PLAINLY—USING UNFAADING 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

*Leroy H. Bannister*

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton Ave.*

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.