

FILED MAY 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18961

State File No.

Registrar's No. 1220

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Koch MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>2138 days</u>		d. STREET ADDRESS (If rural, give location) <u>5201 CARSON RD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROBT. KOCH HOSP.</u>			

3. NAME OF DECEASED (Type or Print) <u>CAPITOLA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 1950</u>		
a. (First)	b. (Middle)	c. (Last)			
		<u>HART</u>			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Dec 2, 1924</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>LEXINGTON - TENN</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>JESSE HART</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia WESTBROOK</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Recd. Robt. Koch Hospital</u>		ADDRESS <u>Hospital Recd. Robt. Koch Hospital</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>11 1/2 years</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from July 4, 1944, to May 12, 1950, that I last saw the deceased alive on May 12, 1950, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Cohen</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Robt Koch Hosp. Koch Mo</u>		23c. DATE SIGNED <u>May 12/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
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DATE REC'D BY LOCAL HEALTH DEPT. <u>MAY 13 1950</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Alonzo, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Beal and Co</u>		ADDRESS <u>4303 Delmar</u>	
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(Licensed Embalmer's Certificate on Reverse Side)

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

No. 500

10-48

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 W. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton A

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.