

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22392

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1460</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u> <u>Warren Ave</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>So. Kinloch</u>		c. LENGTH OF STAY (In this place) <u>17 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So. Kinloch</u> <u>4090</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warren Ave</u>				f. STREET ADDRESS (If rural, give location) <u>Warren Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Callie</u>		b. (Middle) <u>Tallie</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>6 9 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>6-28-1880</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>12</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Deleville Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Picket Cole</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Viney Simmons Kinloch Mo</u>			
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) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>4 yrs</u> <u>10 yrs</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u> <u>420.0</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>5-12</u> , 19 <u>48</u> , to <u>6-9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-8</u> , 19 <u>50</u> , and that death occurred at <u>4:15 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. E. Johnson M.D.</u>				23b. ADDRESS <u>Feigerson Mt</u>		23c. DATE SIGNED <u>6-12-50</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)		24b. DATE <u>6-12-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Pk.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CTY. MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-12-50</u>		REGISTRAR'S SIGNATURE <u>Robert P. Klontz M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boyd Bros Funeral Home Kinloch</u>			

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 Edward G Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 2nd St

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.