

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1951

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **624**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <b>21 2830 Lawton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Mary</b> (Type or Print)		b. (Middle) _____		c. (Last) <b>Nabors</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 15 1951</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 22 1893</b>	
9. AGE (In years last birthday) <b>57</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Marianna, Ark!</b>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>George Fisher</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Kurlber</b>		14. NAME OF HUSBAND OR WIFE <del>Frank</del>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Gertrude Tucker 3402 Frank Ave</b>		ADDRESS _____	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-nephrosclerosis</b>				<b>Undet.</b>	
		DUE TO (c) <b>Dry Gangrene left foot</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic Heart Disease</b>					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H 4 2 X</b>			

22. I hereby certify that I attended the deceased from **12-22**, 1950, to **1-15**, 1951, that I last saw the deceased alive on **1-15**, 1951, and that death occurred at **9:45a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Charles D. Harris M. D.</b>		23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>1-17-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>1-22-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington</b>		24d. LOCATION (City, town, or county) (State) _____	
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DATE REC'D BY LOCAL REG. <b>AN 21 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Hunter</b>		EMERALD DIRECTOR'S SIGNATURE <b>English</b>		ADDRESS <b>2931 Lucas</b>	
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Burleson English

Signed.....  
Student Embalmer

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas

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.