

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14872  
Registrar's No. 4082

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 4438 Cottage	

3. NAME OF DECEASED (Type or Print) Rufus			4. DATE OF DEATH (Month) (Day) (Year) April 29 1951		
a. (First)	b. (Middle)	c. (Last)	Washington	JR.	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 17, 1948	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME RUFUS WASHINGTON, SR		13b. MOTHER'S MAIDEN NAME MINNIE LEE JOHNSON		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MINNIE L. WASHINGTON 4438 COTTAGE		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 1 yr
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Convulsions of undetermined Etiology		II. OTHER SIGNIFICANT CONDITIONS Possible Cerebral Palsy			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 351X		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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7:00 PM		

22. I hereby certify that I attended the deceased from 4-27, 1951, to 4-29, 1951, that I last saw the deceased alive on 4-29, 1951, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE John H. Lewis (Degree or title) M. D.		23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 4-30-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY-1-1951	24c. NAME OF CEMETERY OR CREMATORY GREEN WOOD	24d. LOCATION (City, town, or county) (State) ST. LOUIS		
DATE REC'D BY LOCAL APR 30 1951		REGISTRAR'S SIGNATURE J. B. Harter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PETTIS FUNERAL HOME 4181 WASHINGTON	

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

*Arthur J. Harris*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4458

P. O. Address 418 Washington

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.