

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17961

Registrar's No. 4922

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|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. <u>4922</u> | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | <u>2119</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>4474 (Rear) Easton Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Minnie Croft</u> | | | a. (First) _____ b. (Middle) _____ c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1951</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>March 16, 1920</u> | |
| 9. AGE (In years last birthday) <u>31</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 10 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Sumner, Mississippi</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Anthony Sturdvent</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Alger Amos</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Hallis Croft</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hallis Croft 4474 (Rear) Easton Ave.</u> | | | |
| 18. CAUSE OF DEATH | | | | | | | |
| Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of right Antrum, Orbit and Chest</u> | | DUPLICATE OF (b) <u>Undetermined</u> | | | | | <u>Undet.</u> |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUPLICATE OF (c) _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 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? <u>160x</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>5-10</u> , 19 <u>51</u> , to <u>5-24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-24</u> , 19 <u>51</u> , and that death occurred at <u>11:12p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Julian Whiles</u> | | | 23b. ADDRESS <u>2601 N Whittier</u> | | | 23c. DATE SIGNED <u>5-25-51</u> | |
| 23a. SIGNATURE _____ | | 23b. ADDRESS _____ | | 23c. DATE SIGNED _____ | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5/28/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>MAY 27 1951</u> | | REGISTRAR'S SIGNATURE <u>J B Lariter</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.W. Roberts 1416 N. Taylor Ave.</u> | | | |

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.....
Student Embalmer

Signed James A. Carter

Licensed Embalmer No. 4680

P. O. Address 4723 Suburban

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.