

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18433  
5052

State File No. ....

318

1003

Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. ....	
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</u>		c. LENGTH OF STAY (in this place) <u>Unknown</u>		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>				STREET ADDRESS (If rural, give location) <u>4043 Finney</u>			
3. NAME OF DECEASED (Type or Print) <u>Emma</u>		a. (First)		b. (Middle) <u>Oldham</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widow</u>	
8. DATE OF BIRTH <u>August 12, 1882</u>		9. AGE (in years last birthday) <u>68</u>		10. MONTHS <u>68</u>		11. YEARS <u>68</u>	
12. HOURS <u>68</u>		13. MIN. <u>68</u>		14. BIRTHPLACE (State or foreign country) <u>Brownville, Tenn</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Marvia Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Sam Oldham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sidney Oldham, 4043 Finney</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Undetermined</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</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>H2O</u>					
22. I hereby certify that I attended the deceased from <u>3-11</u> , 19 <u>51</u> , to <u>5-28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-28</u> , 1951, and that death occurred at <u>9 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Alvin J. Thompson, D.</u> (Degree or title)				23b. ADDRESS <u>2601 N. Whittier St</u>		23c. DATE SIGNED <u>5-29-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>6/1/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brownville, Tenn</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>JUN 1 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Larster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. Wade GRANBERRY</u> ADDRESS <u>4202 Finney</u>			

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

*Emb separate cert filed*

JUN 1 1951

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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

*Melvin E. Green*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4428*

P. O. Address *St. Louis,*

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.