

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34910**
Registrar's No. **8941**

LED OCT 23 1951

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 _____ MO. _____ b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS MO		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS MO. 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2620 Thomas			d. STREET ADDRESS (If rural, give location) 2620 Thomas		
3. NAME OF DECEASED (Type or Print) a. (First) Audrey b. (Middle) Harris c. (Last) CAVER		4. DATE OF DEATH (Month) (Day) (Year) 10. 9. 1951			
5. SEX FEMALE 3	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH DEC 24th 1903	9. AGE (in years last birthday) Months Days 47	10. UNDER 1 YEAR 11. UNDER 15 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE		11. BIRTHPLACE (State or foreign country) ST LOUIS MO.	
12. CITIZEN OF WHAT COUNTRY? U		13a. FATHER'S NAME MORRIS ROBERSON		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE MONROE CAVER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MILDARD HOWARD		18. ADDRESS 2620 a THOMAS ST			
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) Cerebral Sclerosis INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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? H/201	
22. I hereby certify that I attended the deceased from 25 Sept, 1951 , to 9 Oct, 1951 , that I last saw the deceased alive on 9 Oct, 1951 , and that death occurred at 4:15 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE A. James E. Evans, Jr. M.D.			23b. ADDRESS 117 30 R Page Bl.		23c. DATE SIGNED 9 Oct 51
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE OCT 12 th	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY		24d. LOCATION (City, town, or county) (State) ST LOUIS MO
DATE RECD. BY LOCAL REG. 06710 1951		REGISTRAR'S SIGNATURE J. Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PORTER FUNERAL HOME. 3028 DICKSON ST	

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 W. Claude Gordon

Signed.....
Student Embalmer

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.