

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38820
9756
Registrar's No.

318 1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
c. LENGTH OF STAY (In this place) 28, years		2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2208, Carr Street		e. STREET ADDRESS 2208, Carr Street	
3. NAME OF DECEASED a. (First) Virginia b. (Middle) Charleston		4. DATE OF DEATH (Month) Nov. 10 (Day) 10 (Year) 1951	
5. SEX Female 3		6. COLOR OR RACE Col.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 26th, 1898	
9. AGE (In years last birthday) 53		10. UNDER 1 YEAR 9 Months 11 Days 3 Hours	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		12. KIND OF BUSINESS OR INDUSTRY Domestic	
13. BIRTHPLACE (State or foreign country) Brownville Tenn.		14. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. FATHER'S NAME Dewey Mackawee		16. MOTHER'S MAIDEN NAME Clarisie Mackawee	
17. NAME OF HUSBAND OR WIFE Dan, Charleston		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
19. SOCIAL SECURITY NO. ?		20. INFORMANT'S SIGNATURE OR NAME Flora Dennis	
21. ADDRESS 4618, Emright.		22. CAUSE OF DEATH	
23. MEDICAL CERTIFICATION		24. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES		DUE TO (b) Coronary Atherosclerosis	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
25. DATE OF OPERATION		26. MAJOR FINDINGS OF OPERATION	
27. ACCIDENT (Specify) SUICIDE HOMICIDE		28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
29. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		30. HOW DID INJURY OCCUR? 4201	
31. TIME OF INJURY (Month) (Day) (Year) (Hour)		32. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []	
33. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:43 p.m., from the causes and on the date stated above.			
34. SIGNATURE (Degree or title) [Signature]		35. ADDRESS 1300 Clark	
36. DATE SIGNED 11/3/51		37. SIGNATURE (Degree or title) [Signature]	
38. ADDRESS 2829, Washington.		39. SIGNATURE (Degree or title) [Signature]	
40. DATE SIGNED 11/3/51		41. SIGNATURE (Degree or title) [Signature]	
42. ADDRESS 2829, Washington.		43. SIGNATURE (Degree or title) [Signature]	
44. DATE SIGNED 11/3/51		45. SIGNATURE (Degree or title) [Signature]	
46. ADDRESS 2829, Washington.		47. SIGNATURE (Degree or title) [Signature]	

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

NOV 5

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....
Student Embalmer

Not Embalmed
Signed.....
Licensed Embalmer No. _____
P. O. Address *2874 Washington St*

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.