

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

JAN 16 1952

318

1003

State File No.

11747

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>5 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2800 A Lamble St.</i>				d. STREET ADDRESS (If rural, give location) <i>2800 A Lamble St.</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Minnie</i> b. (Middle) <i>Lula</i> c. (Last) <i>Britt</i>			4. DATE OF DEATH (Month) <i>12</i> (Day) <i>28</i> (Year) <i>51</i>						
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Colored</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>4-15-1887</i>			
9. AGE (In years last birthday) <i>64</i>		IF UNDER 1 YEAR Months <i>8</i>		IF UNDER 24 HRS. Hours <i></i> Min. <i></i>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (State or foreign country) <i>Melvin, Ark.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Henry Nolan</i>		13b. MOTHER'S MAIDEN NAME <i>Patsy Harris</i>		14. NAME OF HUSBAND OR WIFE <i>Jessie Britt</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Jessie Mae Matthews</i> ADDRESS <i>2800 Lamble</i>					
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) <i>Hypertensive Heart Disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i>	
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) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>HAZK</i>					
22. I hereby certify that I attended the deceased from <i>5 Dec 1951</i> , to <i>28 Dec 1951</i> , that I last saw the deceased alive on <i>28 Dec 1951</i> , and that death occurred at <i>9 P.</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Wm Heaton</i> (Degree or title) _____				23b. ADDRESS <i>2703 Franklin</i>		23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 4, 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Cairo, Ill.</i>		24d. LOCATION (City, town, or county) (State) <i>Cairo, Ill.</i>			
DATE REC'D BY LOCAL REG. <i>JAN 2 1952</i>		REGISTRAR'S SIGNATURE <i>Earl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>McClary & Bundtree</i>		ADDRESS <i>3703 Chouteau</i>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Leroy G. Bannister*

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton*

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.