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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6189  
State File No. 1693  
Registrar's No.

FILED MAR 5 1952

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4581a North Market St.		d. STREET ADDRESS (If rural, give location) 4581a North Market St.	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Alice c. (Last) Aikens			4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1952			
5. SEX Female 2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		
8. DATE OF BIRTH May 19, 1889		9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Plasky, Tenn. 11		
12. CITIZEN OF WHAT COUNTRY? USA						

13a. FATHER'S NAME William Foster		13b. MOTHER'S MAIDEN NAME U known		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Novella Aikens, 4581a North Market	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 5 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia		ANTECEDENT CAUSES DUE TO (b) Cerebral vascular accident				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Arteriosclerosis				
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"/>	
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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)	
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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? 331X	
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22. I hereby certify that I attended the deceased from 5-8, 1951, to 2-20, 1952, that I last saw the deceased alive on 2-20-52, 19, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE Masao Okamoto M.D. (Degree or title)		23b. ADDRESS 317 Univ. Club Bldg		23c. DATE SIGNED 2-22-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/24/52		24c. NAME OF CEMETERY OR CREMATORY Cotton Plant, Ark.	
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DATE REC'D BY LOCAL REG. FEB 23 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D. L.P. (Licensed Embalmer's Statement on Reverse Side)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Wade Branberry, 4202 Finney Ave.	
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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 \_\_\_\_\_

*Melvin E. Green*

Licensed Embalmer No. \_\_\_\_\_

*4428*

P. O. Address \_\_\_\_\_

*St. Louis, Mo*

- 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.