No. 300
10-48

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

FILED FEB 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6646

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1064

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3000a N. MARKET ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2119
d. STREET ADDRESS (If rural, give location): 3000a N. MARKET ST.

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle):
c. (Last): MORGAN

4. DATE OF DEATH (Month) (Day) (Year): Jan 31 52

5. SEX: FEMALE
6. COLOR OR RACE: COLORED
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MARCH 21, 1884
9. AGE (In years last birthday): 67 — If under 1 year: Months 10, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): WEST POINT MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: GEORGE COLEMAN
13b. MOTHER'S MAIDEN NAME: ALICE
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Edward Morgan
ADDRESS: 3000a N. Market

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) Hypertensive Cardiovascular Dis — INTERVAL BETWEEN ONSET AND DEATH: unkn

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 443X

22. *I hereby certify that I attended the deceased from* 28 Dec. 51, 19__, *to* 31 Jan, 1952, *that I last saw the deceased alive on* 29 Jan, 1952, *and that death occurred at* 4.30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. A. Mueller MD (Degree or title)
23b. ADDRESS: 3524 Franklin, St. Louis
23c. DATE SIGNED: FEB 1 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 2-6-52
24c. NAME OF CEMETERY OR CREMATORY: WASHINGTON PARK CEM
24d. LOCATION (City, town, or county): ST. LOUIS CTY (State): MO

DATE REC'D BY LOCAL REG.: FEB 4 1952
REGISTRAR'S SIGNATURE: Karl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: A.F. WALTON
ADDRESS: 2707 STODDARD ST.

(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 ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Arthur L. Hellwald

Licensed Embalmer No. 4221

P. O. Address 4524 Aldrich

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.