

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6784

State File No.

FILED MAR 8 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1596**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		.d. STREET ADDRESS (If rural, give location) 7520 Pershing Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) ANNALLA	b. (Middle)	c. (Last) SMALL	4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1952
-------------------------------------	--------------------	-------------	-----------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 8, 1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 11	Hours Min.
---------------	------------------------	--	-------------------------------	------------------------------------	--------------------------	--------------------------	------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY School Teacher	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	----------------------------------

13a. FATHER'S NAME C. W. Small	13b. MOTHER'S MAIDEN NAME Kate Dills	14. NAME OF HUSBAND OR WIFE Single
--------------------------------	--------------------------------------	------------------------------------

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 Miss Mary Small, Clayton, Mo.
--	------------------------------	---

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		INTERVAL BETWEEN ONSET AND DEATH Two
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of cervix 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) 2:15 PM	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 171X
---	---	---------------------------------

22. I hereby certify that I attended the deceased from Aug 11, 1952, to Feb 19, 1952, that I last saw the deceased alive on Feb 18, 1952, and that death occurred at 4:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Min F. Dean M.D.	23b. ADDRESS 3720 Washington St. Mo.	23c. DATE SIGNED 2/19/52
---	--------------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/21/52	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
--	-------------------	---	--

DATE REC'D BY LOCAL REG. FEB 19 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bonn, Inc., Clayton, Mo.
--------------------------------------	--	--

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.....

Felix Howard

Licensed Embalmer No. **303F**

P. O. Address *Kirkwood 22*

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.