

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9803

State File No. ....

10.300

10.48

MAR 29 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2312**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <i>Missouri</i> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><i>ST. Louis</i> | c. LENGTH OF STAY (in this place township)<br><i>2 5 yrs</i> | c. CITY (If outside corporate limits, write RURAL and give township)<br><i>St. Louis</i> <i>2229</i>                         |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>Homer G. Phillips</i>                  |  | d. STREET ADDRESS (If rural, give location)<br><i>27 414 So 23rd St.</i>   |  |

|   |  |
|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <i>Mary</i><br>b. (Middle) <i>Charleston</i><br>c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year)<br><i>3-5-1952</i> |
|---|--|

|                      |                               |  |  |  |                        |                        |                       |
|----------------------|-------------------------------|--|--|--|------------------------|------------------------|-----------------------|
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>Negro</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Widowed</i> | 8. DATE OF BIRTH<br><i>Sept 24, 1902</i> | 9. AGE (In years last birthday)<br><i>49</i> | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Hours | IF UNDER 15 MIN. Min. |
|----------------------|-------------------------------|--|--|--|------------------------|------------------------|-----------------------|

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>housework</i> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTH PLACE (State or foreign country)<br><i>Ark.</i> | 12. CITIZEN OF WHAT COUNTRY?<br><i>U. S. A.</i> |
|---|-----------------------------------|---|---|

|                                      |   |   |
|--------------------------------------|---|---|
| 13a. FATHER'S NAME<br><i>Unknown</i> | 13b. MOTHER'S MAIDEN NAME<br><i>Miles</i> | 14. NAME OF HUSBAND OR WIFE<br><i>Unknown</i> |
|--------------------------------------|---|---|

|   |  |   |                        |
|---|--|---|------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><i>no</i> | 16. SOCIAL SECURITY NO.<br><i>none</i> | 17. INFORMANT'S SIGNATURE OR NAME<br><i>Mary Mehers</i> | ADDRESS<br><i>Ark.</i> |
|---|--|---|------------------------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <i>Chronic hypertrophic</i> |  |                                  |
|   | DUE TO (c) <i>myocarditis decompensated</i>  |  |                                  |
| 11. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input checked="" type="checkbox"/> NO <input 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><i>H&amp;A</i> |
|--|--|--|

22. 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 *11:55 A.M.*, from the causes and on the date stated above.

|   |                                   |                                    |
|---|-----------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><i>Patricia Clayton Coroner</i> | 23b. ADDRESS<br><i>1300 Clark</i> | 23c. DATE SIGNED<br><i>3/11/52</i> |
|---|-----------------------------------|------------------------------------|

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Removal</i> | 24b. DATE<br><i>March 12/1952</i> | 24c. NAME OF CEMETERY OR CREMATORY<br><i>Oakdale</i> | 24d. LOCATION (City, town, or county) (State)<br><i>ST. Louis Mo.</i> |
|---|-----------------------------------|--|---|

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| DATE REC'D BY LOCAL REG.<br><i>MAR 11 1952</i> | REGISTRAR'S SIGNATURE<br><i>J. C. Smith M.D.</i> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>W. F. Home</i> | ADDRESS<br><i>215 So. Jefferson</i> |
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293 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2698

P. O. Address 3769 Chouteau

**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.**