

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9943**
Registrar's No. **2748**

FILED APR 12 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 **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis - 206.9**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G Phillips Hospital**

d. STREET ADDRESS (If rural, give location) **4917 Page Blvd.**

3. NAME OF DECEASED
a. (First) **Gertrude** b. (Middle) _____ c. (Last) **Fletcher**

4. DATE OF DEATH (Month) (Day) (Year)
March 20 1952

5. SEX **Female**

6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **8-19-1888** 9. AGE (In years last birthday) **63**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Dressmaker**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **Okalona Miss!**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Napoleon White**

13b. MOTHER'S MAIDEN NAME **Sophia Mc Intosh**

14. NAME OF HUSBAND OR WIFE **Aaron Fletcher**

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. **495-16 2304A**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Aaron Fletcher 4917 Page**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Vascular Disease**

INTERVAL BETWEEN ONSET AND DEATH **1 week**

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Hypertensive Cardiovascular Disease**
DUE TO (c) **Undetermined**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **None**

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **448A**

22. I hereby certify that I attended the deceased from **3-15-** 19**52**, to **3-20**, 19**52**, that I last saw the deceased alive on **3-20**, 19**52**, and that death occurred at **9:45a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Loren W. Harris, M.D.**

23b. ADDRESS **2601 N Whittier St.**

23c. DATE SIGNED **3-21-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **3-25-52**

24c. NAME OF CEMETERY OR CREMATORY **Washington Park**

24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE RECD BY LOCAL HEALTH DEPT. **MAR 24 1952**

REGISTRAR'S SIGNATURE **Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Manuel 4059 Finney**

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 _____

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

H. Claude Gordon

Signed.....

Student Embalmer

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.