

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10635

State File No. ....

FILED MAR 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2041**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1436 a Blair</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hattie</b> b. (Middle) c. (Last) <b>Stiggers</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 2 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 22, 1898</b>
9. AGE (In years last birthday) <b>53</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			

13a. FATHER'S NAME <b>David Amos</b>	13b. MOTHER'S MAIDEN NAME <b>Lizzie Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph</b>
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 ADDRESS <b>Joseph Stiggers 1436a Blair Ave.</b>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Undetermined</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c) <b>Left Pleural Effusion Diabetes Mellitus</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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? <b>260 X</b>

22. I hereby certify that I attended the deceased from **2-26-**, 19**52**, to **3-2-**, 19**52**, that I last saw the deceased alive on **3-2**, 19**52**, and that death occurred at **6:39a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>L. Harris W. Harris</b> (Degree or title) <b>M. D.</b>	23b. ADDRESS <b>2601 N Whittier St</b>	23c. DATE SIGNED <b>3-23-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>3-9-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis MO</b>		

DATE REC'D BY LOCAL REG. <b>MAR 4 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>P. L. Toney 3129 Puen</b>
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Clark Young*

Licensed Embalmer No. *3371*

P. O. Address *St. Louis*

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.