

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17991**
4987
Registrar's No.

FILED JUN 16 1952

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 Missouri b. COUNTY St. Louis	
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	
c. LENGTH OF STAY (in this place) 12 years		d. STREET ADDRESS (If rural, give location) 4604 Easton Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 4604 Easton Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Franklin c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 29 1952
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3	8. DATE OF BIRTH May 27, 1914
9. AGE (In years last birthday) 38	10. MONTHS 0	11. DAYS 22	12. HOURS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (City and State or Foreign Country) Batesville, Miss.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James Thomas	
13b. MOTHER'S MAIDEN NAME Willie Mae Franklin		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) no		16. SOCIAL SECURITY NO. 427-14-6290	
17. INFORMANT'S SIGNATURE OR NAME Emma Morris		17. ADDRESS 4271 W. Aldine	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Hypostatic Pneumonia		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 12 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) Delerium Tremens	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 307X		22. I hereby certify that I attended the deceased from 5-17 , 19 52 , to 5-29 , 19 52 , that I last saw the deceased alive on 5-29 , 1952, and that death occurred at 6:20 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE H. J. Currier (Degree or title) M. D.		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 5-29-52		24a. BURNED, CREMATION, REMOVAL (Specify) Removal 5	
24b. DATE 5/1/52		24c. NAME OF CEMETERY OR CREMATORY Batesville, Mississippi	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME Charles J. Gates	
25. ADDRESS 4107 Finney Ave.		DATE REC'D BY LOCAL REG. MAY 31 1952	
REGISTRAR'S SIGNATURE Carl Smith		26. (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 _____

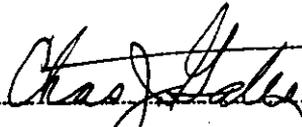
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____



Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.