

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18340  
Registrar's No. 4051

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	State File No. 18340		Registrar's No. 4051	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jast Louis, Mo.</b>		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis, Mo.</b> <b>2119</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4569 Page Blvd</b>			d. STREET ADDRESS (If rural, give location) <b>11 4569 Page Blvd</b> <b>8</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jane</b>		b. (Middle) _____		c. (Last) <b>Moten</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-26-1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>?</b>	9. AGE (In years last birthday) <b>About 97</b> If UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Rose McMinn McGWIR</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Sarah Crawford Clayton, Mo.</b> ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Senility</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>332X</b>			
22. I hereby certify that I attended the deceased from <b>Jan 6, 1952</b> , to <b>4-26, 1952</b> , that I last saw the deceased alive on <b>4-26, 1952</b> , and that death occurred at <b>9:15 A. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>James M. Whittico, M.D.</b> (Degree or title)			23b. ADDRESS <b>4503 A. Page</b>		23c. DATE SIGNED <b>4-30-52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-1st 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis, Co., Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 30 1952</b> <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A. L. Beal Und Co. 4303 Delmar</b>					

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *Leroy W. Bannister*

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton*

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.