

STANDARD CERTIFICATE OF DEATH

21921

State File No.

FILED JUL 2 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5747

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1437 S. 3rd St.</u>		d. STREET ADDRESS (If rural, give location) <u>23 1437 S. 3rd St.</u>	
3. NAME OF DECEASED (Type or Print) <u>HANNAH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 1952</u>	
5. SEX <u>F</u> 6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>ab. 60</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>ab. 60</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Woodville miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>	
13a. FATHER'S NAME <u>Charlie Arnett</u>		13b. MOTHER'S MAIDEN NAME <u>Phyllis Arnett</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles Dones</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Villa Blue 1437 S 3rd</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES <u>Chronic Myocarditis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 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? 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>4222</u>			
22. I hereby certify that I attended the deceased from <u>April 6, 1952</u> , to <u>June 16, 1952</u> , that I last saw the deceased alive on <u>May 27, 1952</u> , and that death occurred at <u>7:30 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>N. H. G. Clark, M.D.</u> (Degree or title)		23b. ADDRESS <u>2748A Franklin</u>	
23c. DATE SIGNED <u>6-20-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Shipped</u>		24b. DATE <u>June 20 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Newque Rusan</u>		24d. LOCATION (City, town, or county) (State) <u>Lland miss</u>	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Burco Southern 3506 franklin</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John J. Yandell

Licensed Embalmer No. 4243

P. O. Address Webster Grove

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.