S. No. 300
Rev. 10-48

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22981

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1462

4005

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

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Mary's Hospital
c. LENGTH OF STAY (in this place) 3 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Richmond Hights,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2469
d. STREET ADDRESS (If rural, give location) 5738A Theodosia Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First) ADDIE
b. (Middle) MAY
c. (Last) BLACK.

4. DATE OF DEATH (Month) (Day) (Year) June 3,1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 3,1889
9. AGE (In years last birthday) 63 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at Home.
11. BIRTHPLACE (City and State or Foreign Country) Salem, Mo.
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME John A. McCarter
13b. MOTHER'S MAIDEN NAME TennesseeCottrell
14. NAME OF HUSBAND OR WIFE Walter Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Walter Black 5738a Theodosia Ave., 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) POST OPERATIVE DETERIORATION — INTERVAL BETWEEN ONSET AND DEATH 2 wks

ANTECEDENT CAUSES — CAUSE UNDETERMINED

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — ARTERIOSCLEROTIC HEART DISEASE — UNCERTAIN

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 5/19/52
19b. MAJOR FINDINGS OF OPERATION CHOLECYSTECTOMY REMOVAL OF COMMON DUCT STONE
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 584X

22. *I hereby certify that I attended the deceased from* 5/7 *1952, to* 6/3 *1952, that I last saw the deceased alive on* 6/3 *1952, and that death occurred at* 2.30 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Thomas W. Parker MD Harry K. Purcell
23b. ADDRESS 4660 Maryland
23c. DATE SIGNED 6/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 6,1952
24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.,
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. 6-4-52
REGISTRAR'S SIGNATURE Herbert R. Domke MD SW
25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark 1125 Hodiamont Ave., ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

Dr. H.K.Purcell,
4660 Maryland Ave.,
2-4 P.M.
Fo.5751.

Wm. J. W. Parker
4660 Maryland Ave

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 John J. Stein

Licensed Embalmer No. 408

P. O. Address St Louis MO

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.