

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36877
Registrar's No. 9722

FILED NOV 13 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9722	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2112	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital				d. STREET ADDRESS (If rural, give location) 4210 W. Cook ave			
3. NAME OF DECEASED (Type or Print) JOSEPH		a. (First)		b. (Middle) WELTON		c. (Last) STATEN	
4. DATE OF DEATH 10-18-1952		(Month)		(Day)		(Year)	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 10-15-1892	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Pullman Porter			10b. KIND OF BUSINESS OR INDUSTRY Rail Road CO.			11. BIRTHPLACE (State or foreign country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? U		13a. FATHER'S NAME Reuben Staten		13b. MOTHER'S MAIDEN NAME Mary Amos ux		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes world war 1		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Edgar Staten			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carbosis of Liver</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypotension</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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)		21f. HOW DID INJURY OCCUR? 5810	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Jan, 1951, to Oct 2, 1952, that I last saw the deceased alive on 10-17, 1952, and that death occurred at 1 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L.B. Howell M.D.				23b. ADDRESS 2902 Shackle		23c. DATE SIGNED 10-21-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/23/1952		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barrack Mo	
DATE REC'D BY LOCAL REG. OCT 22 1952		REGISTRAR'S SIGNATURE J. C. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE G.W. Roberts 1416 N. Taylor ave			

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

James A. Carter
.....
Licensed Embalmer No. *111281*
.....
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.