

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19720

State File No. ....

FILED JUN 4 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5122**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>ST. LOUIS, MISSOURI</b> )		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>ST. LOUIS</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>2219 3013<sup>rd</sup> Rear of Easton Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ARIE</b>		b. (Middle) <b>NMN</b>	c. (Last) <b>MULLINS</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>5 18 53</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
8. DATE OF BIRTH <b>July 1, 1906</b>		9. AGE (In years last birthday) <b>46</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Huntingdon, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>James Mullins</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Andrew</b>	
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) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Sylvester Mullins</b> ADDRESS <b>3013a Rear Easton Ave.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY EDEMA</b>  ANTECEDENT CAUSES <b>DUE TO (b) CARCINOMA OF LUNG (PRIMARY SITE)</b>  <b>DUE TO (c)</b>  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mos.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <b>SUICIDE HOMICIDE</b>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>162X</b>		22. I hereby certify that I attended the deceased from <b>4-30</b> , 19 <b>53</b> , to <b>5-18</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>5-18</b> , 19 <b>53</b> , and that death occurred at <b>6:50p.</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>F. R. Bradley</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>	
23c. DATE SIGNED <b>5-19-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>May 23, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. Randle &amp; Son</b> ADDRESS <b>3133 Bell Ave.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAY 21 1955 J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. H. Randle &amp; Son 3133 Bell Ave.</b>	

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

9 2

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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 269  
P. O. Address 2769 Chau

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.