

33245

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

V. S. No. 500
Rev. 10-48

FILED SEP 24 1953

State File No. _____
Registrar's No. **8520**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | e. STREET ADDRESS (If rural, give location) 1127 N. 19th St. | |
| 3. NAME OF DECEASED (Type or Print) Mattie | | 4. DATE OF DEATH (Month) (Day) (Year) 8 31 53 | |
| 5. SEX Female | | 6. COLOR OR RACE Negro | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | | 8. DATE OF BIRTH Feb. 28, 1903 | |
| 9. AGE (In years last birthday) 50 | | 10. IF UNDER 1 YEAR (Months) (Days) 6 3 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook | | 10b. KIND OF BUSINESS OR INDUSTRY Greyhound Bus Co. Hotel | |
| 11. BIRTHPLACE (City and State or Foreign Country) Sardis, Mississippi | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME Moses Garner | | 13b. MOTHER'S MAIDEN NAME Alice Pearson | |
| 14. NAME OF HUSBAND OR WIFE Unknown | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Herron | |
| 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. | | 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Left Breast with Metastasis ANTECEDENT CAUSES 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 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 checked="" type="checkbox"/> | | 21. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 170X | |
| 21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21e. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Aug. 25, 1953 , to 8-31 , 1953, that I last saw the deceased alive on 8-31 , 1953, and that death occurred at 11:30P m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Earl Belle Smith, M.D. | | 23b. ADDRESS 2601 N. Whittier | |
| 23c. DATE SIGNED 9-1-53 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE Sept. 5, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash | |
| DATE REC'D BY LOCAL REG. SEP 2 1953 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | |
| ADDRESS 3847 Page | | H. _____ | |

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

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 *C. J. Nash*.....

Licensed Embalmer No. *2432*

P. O. Address *3847 Paq*

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.