

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

44825

State File No. _____

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 7222

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)	
a. COUNTY <u>St. Louis</u>		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>Robertson</u>	c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Currier's Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>6125 Bertha Blvd</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eldred</u>	b. (Middle) <u>—</u>	c. (Last) <u>Washington</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 16 53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 23, 1888</u>	9. AGE (In years last birthday) <u>72</u>	10. MONTHS <u>2</u>	11. DAYS <u>23</u>	12. HOURS <u>—</u>	13. MINUTES <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during life; give business, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Simon Washington</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Della Washington</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Self - S. Washington 6125 Bertha</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>	
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive cardio vasculon disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Arteriosclerosis, generalised</u>	
	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 <u>443 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE (Specify) <u>HOMICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Robertson (St. Louis) MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-21, 1953 to 12-5, 1953, that I last saw the deceased alive on 12-5, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard E. Ernst M.D.</u>	23b. ADDRESS <u>601 So. Brentwood Bl.</u>	23c. DATE SIGNED <u>12-17-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo</u>
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DATE REC'D BY LOCAL REG. <u>12/17/53</u>	REGISTRAR'S SIGNATURE <u>Hebeard B. Somke</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Peoples Fund Co., 3100 Franklin</u>
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(Licensed Embellisher'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
Student Embalmer

Signed

W. Claude Jordan

Licensed Embalmer No.

3489

P. O. Address

4575 Aldine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.