

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45572

FILED JAN 19 1954

State File No. 10234

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10234

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY St. Louis
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 OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 422 S. Jefferson Ave. e. STREET ADDRESS (If rural, give location) 22 422 s. Jefferson Ave. 2229

3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) _____ c. (Last) Smith 4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1953

5. SEX 3 6. COLOR OR RACE Female 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Negro 8. DATE OF BIRTH Widowed 2 October 28, 1896 9. AGE (In years last birthday) 56 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) Retired 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Mississippi 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Josh Jordan 13b. MOTHER'S MAIDEN NAME Kitty Catherine Thompson 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME Kitty Catherine Halmes ADDRESS Memphis, Tenn. 1264 Pond

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
ANTECEDENT CAUSES DUE TO (b) Ruptured Aortic
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Aneurysm
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 NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 1123 21b. PLACE OF INJURY (e.g., in or about home; factory; street; office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 451X

I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:22A m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Patricia Taylor Coroner 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 10-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 10-28-53 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Memphis, Tenn.

DATE REC'D BY LOCAL REG. OCT 28 1953 REGISTRAR'S SIGNATURE Charles Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Reliable Funeral System, Inc.

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.....
Signature of Student Embalmer

Signed *Paul H. Freeman*

Licensed Embalmer No. *4681*

P. O. Address *4729th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.