

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5946**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1858**

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 township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Homer G. Phillips Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2229 22 2622 Clark</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Pairlee</b>	b. (Middle)	c. (Last) <b>Booker</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>2 23 54</b>

5. SEX <b>F</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Separated</b>	8. DATE OF BIRTH <b>Dec. 25, 1912</b>	9. AGE (In years last birthday) <b>41</b>	IF UNDER 1 YEAR Days <b>2</b>	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waitress</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Lexington, Mississippi</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Rufus Roach</b>	13b. MOTHER'S MAIDEN NAME <b>Mattie Russell</b>	14. NAME OF HUSBAND OR WIFE <b>J. D. Booker</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Rev. Rayford Cooper</b>	ADDRESS <b>2825a Leclade</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b>		
	ANTECEDENT CAUSES <b>Pulmonary Edema</b>		
	DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <b>Severe Reactive Depression with Paranoid Trend</b>		
	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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>331X</b>
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22. I hereby certify that I attended the deceased from **2-4, 1954**, to **2-23, 1954**, that I last saw the deceased alive on **2-23, 1954**, and that death occurred at **11:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. J. Erwin</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>2601 N. Whittier</b>	23c. DATE SIGNED <b>2-25-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Ship</b>	24b. DATE <b>Mar. 2, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Blissdale</b>	24d. LOCATION (City, town, or county) (State) <b>Durant, Mississippi</b>
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DATE REC'D BY LOCAL REG. <b>FEB 27 1954</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E B Koonce</b>	ADDRESS <b>1221 N. Grand</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Geoffrey Swan*  
Licensed Embalmer No. *458*

P. O. Address *1321 4th St*

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.