

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1053

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad. & death) a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Elmwood Park</u>	
c. LENGTH OF STAY (If this place) <u>ADMIT</u>		d. STREET ADDRESS (If rural, give location) <u>Robert Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>			
3. NAME OF DECEASED (Type or Print) <u>SARAH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 7 1954</u>	
a. (First)		b. (Middle) <u>CATLIN</u>	
c. (Last)			
5. SEX <u>F</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>6-3-1898</u>
9. AGE (In years) <u>55 7/8</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>at-home</u>	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Dennis Queen</u>	13b. MOTHER'S MAIDEN NAME <u>Bess Queen</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>4 88 28 6 96</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Jackson</u> ADDRESS <u>2957 1/2</u>	
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>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GEN. ARTERIOSCLEROSIS</u>			
DUE TO (c) <u>LEUKEMIA - Type?</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>331XH</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SOURCE (Specify) <u>WORK</u>	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-29</u> , 19 <u>54</u> , to <u>5-7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-7</u> , 19 <u>54</u> and that death occurred at <u>11:00</u> a. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ronald E. Hoffman MD</u>		23b. ADDRESS <u>Clayton 5 Mo. 608 S. Brentwood</u>	23c. DATE SIGNED <u>5-2-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5/7/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Airy Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond Heights Mo</u>
DATE REC'D BY LOCAL REG. <u>5/4/54</u>	REGISTRAR'S SIGNATURE <u>Richard H. Spink MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Andrew Beuler</u> ADDRESS <u>3506 Franklin</u>	

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

Call the city

**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 Thos J Handell

Licensed Embalmer No. 4243

P. O. Address W. Webster Grove, Mo

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