

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24444

State File No.

FILED JUL 26 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6225

1. PLACE OF DEATH a. COUNTY		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) OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 1254 Euclid		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle)	
c. (Last) Deberry		4. DATE OF DEATH July 7, 1954		5. SEX F	
6. COLOR OR RACE Ngero		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 13, 1905	
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Work		11. BIRTHPLACE (City and State or Foreign Country) Columbus, Mississippi	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Jim Ersary	
13b. MOTHER'S MAIDEN NAME Ada ?		14. NAME OF HUSBAND OR WIFE Willie Deberry		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 490 12 4901		17. INFORMANT'S SIGNATURE OR NAME Willie Deberry, 1254 N. Euclid		ADDRESS	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Undt	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X	
22. I hereby certify that I attended the deceased from June 29, 1954, to July 7, 1954, that I last saw the deceased alive on July 7, 1954, and that death occurred at 9:00 P.m., from the causes and on the date stated above.					
23a. SIGNATURE E. D. Williams		23b. ADDRESS M.D. 6 2601 N. Whittier		23c. DATE SIGNED 7/8/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 12, 1954		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		DATE REC'D BY LOCAL REG. JUL 9 1954		REGISTRAR'S SIGNATURE E. B. Bloore	
25. FUNERAL DIRECTOR'S SIGNATURE E. B. Bloore		ADDRESS 1221 N. Grand			

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 *Melvin Blackburn*.....

Licensed Embalmer No. *396*.....

P. O. Address *1221 N. G.*.....

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.