

FILED SEP 28 1954

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

State File No. **32393**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 2128	
1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST LOUIS			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN CLAYTON)		c. LENGTH OF STAY (in place) 1-DAY		c. CITY OR TOWN WELSTEAD		d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LOUIS CO. HOSPITAL				STREET ADDRESS (If rural, give location) 921 Cornell			
3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) Bledsoe c. (Last) Bledsoe			4. DATE OF DEATH (Month) (Day) (Year) 9 4 54				
5. SEX FEMALE	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 11/21/1881		9. AGE (In years last birthday) 73	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At-home		11. BIRTHPLACE (City and State or Foreign Country) Dresden Tenn		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Willie Cook		13b. MOTHER'S MAIDEN NAME Jane Cook		14. NAME OF HUSBAND OR WIFE Willie Cook, Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Herald Bledsoe ADDRESS 921 Cornell			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 4200 (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 9-4 , 1954, to 9-4 , 1954, that I last saw the deceased alive on 9-4 , 1954, and that death occurred at 9:40 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Herald E. Crutcher, Jr.				23b. ADDRESS 601 So. Brentwood		23c. DATE SIGNED 9-4-1954	
24a. PORTAL CREMATION (Specify)		24b. DATE 9/9/54	24c. NAME OF CEMETERY OR CREMATORY Father DeLeon		24d. LOCATION (City, town, or county) (State) St Louis, MO		
DATE REC'D BY LOCAL REG. 9/7/54		REGISTRAR'S SIGNATURE Herald E. Crutcher, Jr.		25. FUNERAL DIRECTOR'S SIGNATURE Lucas C Lewis		ADDRESS 22 Euclid W-9	

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..... *James I. Carter*

Licensed Embalmer No. *4162*

P. O. Address *St. Louis*

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