No. 300
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FILED JUN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16469

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4548

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1807 N Prairie

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY

c. CITY OR TOWN St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

STREET ADDRESS (If rural, give location) 1807 Prairie 2119

3. NAME OF DECEASED (Type or Print) a. (First) Mattie b. (Middle) Lee c. (Last) Blanchard

4. DATE OF DEATH (Month) (Day) (Year) May 19 1955

5. SEX Female
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 23 July 1898
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 Retired
11. BIRTHPLACE (City and State or Foreign Country) Aberdeen Miss
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Lorenzo Simmons
13b. MOTHER'S MAIDEN NAME Alice
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Emma Holliday ADDRESS 1807 N. Prairie

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the stomach — INTERVAL BETWEEN ONSET AND DEATH 2 mos.

ANTECEDENT CAUSES
Morbid 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. Malnutrition — 3 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 151 X

22. *I hereby certify that I attended the deceased from* April 1, 1955, *to* May 19, 1955, *that I last saw the deceased alive on* May 17, 1955, *and that death occurred at* 1 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C. M. Turner M.D.
23b. ADDRESS 1004 So. Ewing
23c. DATE SIGNED 5-20-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 24 May 55
24c. NAME OF CEMETERY OR CREMATORY Oakdale
24d. LOCATION (City, town, or county) St Louis Co (State) Mo

DATE REC'D BY LOCAL REG. MAY 24 1955
REGISTRAR'S SIGNATURE J Earl Smith M.D. MDS
25. FUNERAL DIRECTOR'S SIGNATURE Reliable Funeral Sys ADDRESS 1221 No Taylor

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul V. Freeman

Licensed Embalmer No. 468

P. O. Address 4729 Hamm

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