

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 6 1955

318

1003

Registrar's No. 7069

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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 OR TOWN St. Louis) c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital
STREET ADDRESS (If rural, give location) 4064 Cottage 21190

3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) 4. DATE OF DEATH (Month) (Day) (Year)
(Type or Print) Mattie Thomas Snulligan 8 8 55

5. SEX F 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, OR SEPARATED (Specify) Married 8. DATE OF BIRTH 5/28/1901 9. AGE (In years last birthday) 54 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) Poultry worker 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and State or Foreign Country) Lexington, Tenn. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Peter Austin 13b. MOTHER'S MAIDEN NAME Evelina Johnson 14. NAME OF HUSBAND OR WIFE Sylvester Snulligan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no 16. SOCIAL SECURITY 488-16-6491 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Evelyn Spencer 3946 Greer

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Recurrent Carcinoma of Right Breast with Hemorrhage.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
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. Gangrene of right upper extremity.

19a. DATE OF OPERATION 6-16-55 19b. MAJOR FINDINGS OF OPERATION Gangrene, right arm and forearm. 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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 170X

22. I hereby certify that I attended the deceased from 5-29-1955, to 8-8-1955, that I last saw the deceased alive on 8-8-1955, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Frank P. Richards (Degree or title) M.D. 23b. ADDRESS 2601 N. Whittier Street 23c. DATE SIGNED 8-9-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 8/15/55 24c. NAME OF CEMETERY, OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) St. Louis, County

DATE REC'D BY LOCAL REG. AUG 12 1955 REGISTRAR'S SIGNATURE J. Earl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Grant Johnson 4352 Wash. Blvd.

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..... *F. A. Green*

Licensed Embalmer No. *296*

P. O. Address *4214 Belmont*

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.