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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1955

State File No. **34864**
Registrar's No. **9192**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 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 checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 2 Mo. | | e. STREET ADDRESS (If rural, give location) 5 5212 Vernon Ave | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4949 Wabada Avenue | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) Inniss c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 19-1955 | | |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 24, 1890 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) St. Vincent, B.W.I. | | 12. CITIZEN OF WHAT COUNTRY Great Britan |

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| 13a. FATHER'S NAME David Scott | 13b. MOTHER'S MAIDEN NAME Phoebe Scott | 14. NAME OF HUSBAND OR WIFE James H. Inniss |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME <i>Dr. White</i> ADDRESS 1500 Easton |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis | | 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) Senility | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 422.2 | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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 <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 **Sept 20, 1955**, to **Oct. 19, 1955**, that I last saw the deceased alive on **Oct 12, 1955**, and that death occurred at **11 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <i>Dr. Howell</i> | 23b. ADDRESS 2907 A. Deale | 23c. DATE SIGNED |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Oct. 22, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Calvary | 24d. LOCATION (City, town, or county) (State) 5239 W. Florissant, St. Louis, Mo |
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| DATE REC'D BY LOCAL REG. OCT 21 1955 | REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Timothy R. Veal</i> ADDRESS 1123 N. Taylor |
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3. (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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Timothy R Veal*

Licensed Embalmer No. 4

P. O. Address 4311 Pa

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