No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1956

State File No. 2576

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 300

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): 2 hrs. 40 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips Hospital

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): 127a South Compton

18 2189

3. NAME OF DECEASED (Type or Print)
a. (First): Jemima
b. (Middle):
c. (Last): Axion

4. DATE OF DEATH (Month): 1 (Day): 6 (Year): 56

5. SEX: F 3

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: 16 July 1894

9. AGE (In years last birthday): 61
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: housework

11. BIRTHPLACE (City and State or Foreign Country): Arkansas 1

12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: Kenny Morris

13b. MOTHER'S MAIDEN NAME: Jemima

14. NAME OF HUSBAND OR WIFE: XXXXXXXXXXXXXX

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.

17. INFORMANT'S SIGNATURE OR NAME: Pauline Jenkins
ADDRESS: 127 So. Compto n

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Undt.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 420.0

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?

22. *I hereby certify that I attended the deceased from* 1-5, 1956, *to* 1-6, 1956, *that I last saw the deceased alive on* 1-6, 1956, *and that death occurred at* 2:40 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Edw. B. Williams
(Degree or title): M.D.

23b. ADDRESS: 2601 N. Whittier

23c. DATE SIGNED: 1-9-56

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: 12 Jan. 56

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): W. Helena Arkansas

DATE REC'D BY LOCAL REG.: JAN 10 1956

REGISTRAR'S SIGNATURE: J. Carl Smith MD
MDB

25. FUNERAL DIRECTOR'S SIGNATURE: Reliable Funeral Sys.
ADDRESS: 1221 N. Taylor

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul V Freeman

Licensed Embalmer No. 4686

P. O. Address 4719 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.