

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 22 1956

State File No. **11581**
Registrar's No. **2198**

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 11581		Registrar's No. 2198			
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 town(ship)) 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 <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				STREET ADDRESS (If rural, give location) 1330 Main St 1058 N. Newstead							
3. NAME OF DECEASED (Type or Print) a. (First) Mattie			b. (Middle) _____			c. (Last) Wash			4. DATE OF DEATH (Month) (Day) (Year) 2 27 56		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH May 14, 1898		9. AGE (In years last birthday) 57		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) Unemployed			10b. KIND OF BUSINESS OR INDUSTRY None			11. BIRTHPLACE (City and State or Foreign Country) Jackson, Mississippi			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Joseph Harton			13b. MOTHER'S MAIDEN NAME Lillie James			14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. Unknown			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Janet Harton 1058 N. Newstead					
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) Diabetes Mellitus 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. Bronchopneumonia 260x						INTERVAL BETWEEN ONSET AND DEATH Undt.	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 2-7 , 19 56 , to 2-27 , 19 56 , that I last saw the deceased alive on 2-29 , 19 56 , and that death occurred at 1:50 Pm. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Edith B. Williams M.D.				23b. ADDRESS 2601 N. Whittier				23c. DATE SIGNED 2-29-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/2/56		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Missouri				
DATE REC'D BY LOCAL REG. MAR 1 1956		REGISTRAR'S SIGNATURE J. C. Smith				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. Koonce 1221 N. Grand					

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Lawrence Good*

Licensed Embalmer No.....7

P. O. Address

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.