

10.48

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17501

State File No.

318

1003

4707

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's 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 township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **5 years**
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 Phillips Hospital**
e. STREET ADDRESS (If rural, give location) **3946 Ashland Avenue** *2109*

3. NAME OF DECEASED a. (First) **LOIS** b. (Middle) _____ c. (Last) **AKINS** 4. DATE OF DEATH (Month) (Day) (Year) **May 12, 1956**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Estranged** 8. DATE OF BIRTH **Dec. 19, 1926** 9. AGE (In years last birthday) **29** IF UNDER 1 YEAR Months **4** Days **23** IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Plumbers Helper** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Wynne, Arkansas** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Lois Akins, Sr.** 13b. MOTHER'S MAIDEN NAME **Okater Stafford** 14. NAME OF HUSBAND OR WIFE **Eddie Ben**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes WWII Navy** 16. SOCIAL SECURITY NO. **unknown** 17. INFORMANT'S SIGNATURE OR NAME **Okater Jones** ADDRESS **3946 Ashland Ave.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pulmonary Oedema;**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES **Endocarditis; Anesthesia;**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **following operation (Endarterectomy)**
DUE TO _____
DUE TO _____
2. OTHER SIGNIFICANT CONDITIONS **at Homer Phillips Hospital**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **on May 12 1956 950X** 20. AUTOPSY? YES NO

21a. ACCIDENT OR SUICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Shop** 21c. (CITY, TOWN, OR TOWNSHIP) **St. Louis Mo** (COUNTY) **Mo** (STATE) **Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **May 12 56 ? 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:50** m., from the causes and on the date stated above.

23a. SIGNATURE **James M. Kelly** (Degree or title) _____ 23b. ADDRESS **1300 Clark Avenue** 23c. DATE SIGNED **5-15-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **5/16/56** 24c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 24d. LOCATION (City, town, or county) (State) **Jefferson Barracks, Mo.**

DATE REC'D BY, LOCAL REG. **MAY 15 1956** REGISTRAR'S SIGNATURE **Charles J. Gates** 25. FUNERAL DIRECTOR'S SIGNATURE **Charles J. Gates** ADDRESS **4107 Finney**

(Licensed Embalmer's Statement on Reverse Side)

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

1956
MAY

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..... *Arthur J. Hillman*

Licensed Embalmer No. 4221..

P. O. Address 4107 Finney

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.