

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

24997
 6376

FILED JUL 20 1956

State File No. _____
 Registrar's No. _____

318 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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) 12 yrs.		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 HOSPITAL OR INSTITUTION Homer Phillips Hospital				e. STREET ADDRESS (If rural, give location) 2207 O'Fallon Apt. 1001									
3. NAME OF DECEASED (Type or Print) a. (First) EFFIE			b. (Middle) OLEATHA			c. (Last) HALE			4. DATE OF DEATH (Month) (Day) (Year) July 4, 1956				
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 17, 1901		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months 10 Days 17		IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid				10b. KIND OF BUSINESS OR INDUSTRY Mayfair Hotel		11. BIRTHPLACE (City and State or Foreign Country) Conway, Arkansas				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Amos Shavers				13b. MOTHER'S MAIDEN NAME Annie Meeks				14. NAME OF HUSBAND OR WIFE McKinley Hale					
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. 499-25-1519		17. INFORMANT'S SIGNATURE OR NAME Tyree Hale				ADDRESS 1291 Oak Court			
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) Cerebral Hemorrhage ANTECEDENT CAUSES Hypertension 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.						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						3314		20. AUTOPSY? YES <input 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 June 1956 to July 4, 1956 , that I last saw the deceased alive on July 1st, 1956 , and that death occurred at 10:30 P.M. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Oliver Blake M.D.						23b. ADDRESS 716 Walton				23c. DATE SIGNED 7-6-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/9/56		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.							
DATE RECEIVED LOCAL REG. JUL 7 1956				REGISTRAR'S SIGNATURE J. Earl Smith Md				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates 4107 Finney					

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 *Arthur L. Heilbard*

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.