

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28061**  
Registrator's No. **6897**

FILED SEP 6 1956

REG. DIST. NO. **318**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>35 yrs.</b>		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 <b>Homer G. Phillips Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>21 1311a N. Jefferson</b>	
3. NAME OF DECEASED a. (First) <b>Fiedelia</b> (Type or Print)		b. (Middle) <b>Amos</b>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>7 21 56</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April 11, 1894</b>
9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitress</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Post Dispatch</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>West Point, Mississippi</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>John Valliant</b>		13b. MOTHER'S MAIDEN NAME <b>Adline</b>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-12-6821</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Adline Williams</b>		ADDRESS <b>2114 Carr Street</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cholecystitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
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. <b>Cholelithiasis</b> <b>Hypertension</b>		<b>584x</b>	
19a. DATE OF OPERATION <b>7-17-56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Acute Cholecystitis and Cholelithiasis</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 <b>7-17 1956</b> , to <b>7-21 1956</b> , that I last saw the deceased alive on <b>7-21 1956</b> , and that death occurred at <b>8:25 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Frank O. Richards</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>2601 N. Whittier St.</b>	
23c. DATE SIGNED <b>7-24-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/27/56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Father Dickson Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 25 1956</b>		REGISTRAR'S SIGNATURE <b>Charles J. Gates</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b>		ADDRESS <b>4107 Finney</b>	

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.....  
Licensed Embalmer No. 49914

P. O. Address 4107 Finney A

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.