

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1956

42627

STATE FILE NUMBER

318

1003

10801

Registration District No. Primary Registration District No. Registrar's No.

Health, Welfare, Public Service
000-56
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY None				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirkwood		4773 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Length of stay in 1b		d. STREET ADDRESS 311 New York St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Estelle Middle NMN Last Anthony				4. DATE OF DEATH Month Nov. Day 24 Year 1956					
5. SEX Female	6. COLOR OR RACE 3 Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 7, 1880		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kirkwood, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Manassa Spears				14. MOTHER'S MAIDEN NAME Sophie St. James					
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. 492-36-7428		17. INFORMANT Dorothy Watson, 2425 Brooklyn, Kansas City, Mo.			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolus							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Phlebothrombosis of calf veins			2 days			
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic Simple Glaucoma 5 yrs.							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Nov. 13, 1956 to Nov. 24, 1956 and last saw her alive on Nov. 24, 1956 Death occurred at 2:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Type or print) <i>[Signature]</i>				22b. ADDRESS BARNES HOSPITAL				22c. DATE SIGNED 11/24/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-27-56	23c. NAME OF CEMETERY OR CREMATORY Father Dickson			23d. LOCATION (City, town, or county) ST. LOUIS CO.		(State) Mo	
24. FUNERAL DIRECTOR Cunningham & Moore, Inc, 2405			ADDRESS Marcus		25. DATE RECD. BY LOCAL REG. NOV 26 1956		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, m.d.</i>		

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.....
John K. Cunningham

Licensed Embalmer No... 447

P. O. Address... 2405 Mar...

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.