

FILED MAR 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10887

STATE FILE NUMBER

2106

Registration District No. **318** Primary Registration District No. **1003** Registrar's No.

Health,
& Welfare
Public
Service

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually 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		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5827 Julian St.		d. STREET ADDRESS 5827 Julian St.,	
3. NAME OF DECEASED (Type or print) Doris Polk		4. DATE OF DEATH Mar. 1, 1957	
5. SEX Female 3	6. COLOR OR RACE 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. 4, 1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Checker		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 30
11. BIRTHPLACE (City and state or country) Yazoo, Mississippi /		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Willie L. Gates		14. MOTHER'S MAIDEN NAME Lucy Frizzes	
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. 488-30-5407	17. INFORMANT Willie Polk
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Breast with metastases Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) To The Lung. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 18 mos.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 DEC. 30, 1954 to MAR. 1, 1957 and last saw her alive on Mar. 1, 1957 Death occurred at 4:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. R. Bradley M.D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 3/2/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/3/57	23c. NAME OF CEMETERY OR CREMATORY CANTON MISSOURI	23d. LOCATION (City, town, or county) (State)
24. SWAN UNDERSPAKER CO 2829 WASHINGTON		25. DATE RECD. BY LOCAL REG. MAR 4 '57	26. REGISTRAR'S SIGNATURE Carl Smith MD

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 *Melvin E. Green*

Licensed Embalmer No. *442*

P. O. Address *St. Louis*

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.