

FILED MAY 10 1957

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14477  
4204

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 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 Mo

c. LENGTH OF STAY (in this place) \_\_\_\_\_

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 (If not in hospital or institution, give street address or location) 11 FIRMIN DESLOGE Hosp 231 1317 S. 9th ST.

e. STREET ADDRESS (If rural, give location) 231 1317 S. 9th ST.

3. NAME OF DECEASED (Type or Print) a. (First) SHIRLEY b. (Middle) BLACK c. (Last) BLACK

4. DATE OF DEATH (Month) (Day) (Year) MAY 1 1957

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH AUG. 19 1925

9. AGE (In years last birthday) 21

10. UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ 11. UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITRESS

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.-A.

13a. FATHER'S NAME CARL PERMENTER

13b. MOTHER'S MAIDEN NAME DELIA HOLLOMON

14. NAME OF HUSBAND OR WIFE VERNON BLACK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO

16. SOCIAL SECURITY NO. 49-36-1320

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VERNON BLACK 1317 S. 9th ST.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) UREMIA (Uremia) ANTECEDENT CAUSES Chronic Glomerular nephritis DUE TO (b) CHRONIC GLOMERULONEPHRITIS 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 \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION 592x

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 5-1-57 to 5-1-57, 1957, that I last saw the deceased alive on 5/1, 1957, and that death occurred at 8:35 A.M. on 5-1-57, from the causes and on the date stated above.

23a. SIGNATURE John A. Carter, M.D. (Degree or title) 0

23b. ADDRESS Firmin Desloge Hosp.

23c. DATE SIGNED 5/1/57

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE MAY 3, 1957

24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS

24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo

DATE REC'D BY LOCAL REG. MAY 3 57 REGISTRAR'S SIGNATURE Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Ruten 2906 Grand

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. 398  
P. O. Address St. Louis, Mo.

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.