

Death, Welfare, Public Health Service
 300 556
 No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1957

57023076
 STATE FILE NUMBER
 541
 Registrar's No. 1261

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1261

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Elmorewood Mo</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>St. Louis</u> ✓	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Hosp. DOA</u>		Length of stay in lb <u>DOA</u>		c. CITY OR TOWN <u>Elmorewood Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Eligia</u>		Middle <u>Washington</u>		Last <u>Washington</u>		Month <u>6</u> Day <u>6</u> Year <u>57</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>Colo</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Not known</u>	
9. AGE (In years last birthday) <u>91</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Various</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		13. FATHER'S NAME <u>Joseph Washington</u>		14. MOTHER'S MAIDEN NAME <u>Saxon</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Joseph Washington</u>		Address <u>1045 North</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) <u>Unknown natural causes</u>				INTERVAL BETWEEN ONSET AND DEATH <u>min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____				DUE TO (c) _____	
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"/>				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 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 _____ to _____ and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Herbert R. Donke, M.D., Local Registrar</u>		22b. ADDRESS <u>651 S. Brentwood Blvd.</u>		22c. DATE SIGNED <u>6/13/57</u>		23a. BURIAL, CREMATION, REPOSING (Specify) <u>6-10-57</u>	
23b. DATE <u>6-10-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		23d. LOCATION (City, town, or county) <u>Berkeley Mo</u>		23e. LOCATION (State) <u>MO</u>	
24. FUNERAL DIRECTOR <u>And. Paul Wood</u>		ADDRESS <u>W 4303</u>		25. DATE RECD. BY LOCAL REG. <u>6-10-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Daniel Hughes*.....

Licensed Embalmer No. *48*

P. O. Address *4149170*

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.