

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26711  
State File No. \_\_\_\_\_  
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6382

FILED JUL 26 1957

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		e. STREET ADDRESS (If rural, give location) 2645a R. Spruce St.	
3. NAME OF DECEASED (Type or Print) MARY		4. DATE OF DEATH July 8 1957	
5. SEX Female		6. COLOR OR RACE Col.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 13, 1906	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Tupelo, Miss.	
13a. FATHER'S NAME Robert Stribling		14. NAME OF HUSBAND OR WIFE Robert Willis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Willis 2645a R. Spruce St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute nephritis		INTERVAL BETWEEN ONSET AND DEATH 2 Wks (P)	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		acute nephritis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		590x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-21-57/19, to 7-8, 1957, that I last saw the deceased alive on 7-7-57, 19, and that death occurred at 6:10 A.M., from the causes and on the date stated above.		23. SIGNATURE Alva Moore (Degree or title) M.D.	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE July 11, 1957	
24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) Jefferson Barracks Mo.	
DATE REC'D BY LOCAL REG. JUL 9 57		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. RANDLE & SON 3133 Bell Ave.	

**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 *Ester H. Harris*.....

Licensed Embalmer No. *445*.....

P. O. Address *4181 Wash*.....

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.