

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29409

FILED SEP 4 1957

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7777**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>			Length of stay in 1b		d. STREET ADDRESS <b>2311 Biddle #607</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. MONTH		6. DAY		7. YEAR				
<b>Ada Elam</b>				<b>8 17 57</b>										
8. SEX <b>Female</b>		9. COLOR OR RACE <b>Negro</b>		10. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		11. DATE OF BIRTH <b>July 3, 1904</b>		12. AGE (In years last birthday) <b>53</b>		13. IF UNDER 1 YEAR Months Days Hours Min.				
								<b>1 14</b>						
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>				14b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		14c. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		14d. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>						
15. FATHER'S NAME <b>Jim Gram</b>				16. MOTHER'S MAIDEN NAME <b>Mary Kerk</b>										
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				18. SOCIAL SECURITY NO. <b>Unknown</b>		19. INFORMANT <b>Lawrence Elam</b>		Address <b>1236 N. 16th St.</b>						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b>										INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <b>Hypertensive Cardiovascular Disease</b>		undet.		
										DUE TO (c) <b>443x</b>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Diabetes Mellitus - Lithiasis of Pancreas</b>										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 <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 <b>8-13-57</b> to <b>8-17-57</b> and last saw her alive on <b>8-17-57</b> Death occurred at <b>7:45 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) <b>Marvin Roscan, M.D.</b>						22b. ADDRESS <b>2601 Whittier Street.</b>			22c. DATE SIGNED <b>8-19-57</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>			23b. DATE <b>8/22/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>						
24. FUNERAL DIRECTOR <b>E. B. Roonee</b> ADDRESS <b>1221 N. Grand Blvd.</b>					25. DATE RECD. BY LOCAL REG. <b>AUG 20 57</b>			26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>						

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

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 Blackman* .....

Licensed Embalmer No. 36

P. O. Address 1221 N. ...

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.