

All diseases in Part I must be casually 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 1 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 37124
9937

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 27 <u>Homer G. Phillips Hospital</u>			Length of stay in 1b	d. STREET ADDRESS 2719 <u>3013 Easton Av.</u>	
3. NAME OF DECEASED (Type or print) Ozell			First Middle Last	4. DATE OF DEATH Month Day Year 10 20 1957	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-11-1901	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min. 6 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Andrew Strong			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 490-36-2574	17. INFORMANT Arterio Moore		Address 4218a Cook Ave.
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>Primary Intra cerebral Hemorrhage</u> <u>(left side)</u> <u>Fracture of Right Hip</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) <u>E904.021</u>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <u>Suffered in fall at home at</u>				
20c. TIME OF INJURY Hour a. m. p. m. 5 10 8 57 #12	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
20f. CITY, TOWN, OR LOCATION	COUNTY	STATE			
20f. CITY, TOWN, OR LOCATION	COUNTY	STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>900 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Quinn E. Taylor</u>			22b. ADDRESS <u>1300 Chesa</u>		22c. DATE SIGNED <u>10/24/57</u>
23a. BURIAL CREMATION. REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-25-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem.</u>	23d. LOCATION (City, town, or county) <u>St. Louis County, Mo.</u>		
24. FUNERAL DIRECTOR <u>Peoples Undertaking Co.</u>		ADDRESS <u>3100 Franklin Co.</u>	25. DATE RECD. BY LOCAL REG. <u>OCT 24 '57</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith mo</u>	

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.....
H. Claude Gorn

Licensed Embalmer No. 34

P. O. Address 45756

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.