Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 37197

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10013

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 01 residence — Length of stay in 1b: 9 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 12 9 5523 Pershing Ave — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First EFFIE Middle MIZE Last BOYLES

4. DATE OF DEATH Month Oct. Day 24 Year 1957

5. SEX female

6. COLOR OR RACE white

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH July 23, 1873

9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): Laclede, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jefferson Mize

14. MOTHER'S MAIDEN NAME: Sarah Crowder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: no

17. INFORMANT Address: Helen Boyles, 5523 Pershing Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ruptured abdominal aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 10-24-57
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 5 yrs +
DUE TO (c) General arteriosclerosis — 10 yrs +

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 451X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 9-17-44 +, to 10-24-57 and last saw her him alive on 10-6-57
Death occurred at 6:45 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Fred Clark (Degree or title) M.D.

22b. ADDRESS 864 Hamilton Blvd St. Louis 12 Mo

22c. DATE SIGNED 10-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 10-26-57

23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: C. R. Lupton & Sons-7233 Delmar

25. DATE RECD. BY LOCAL REG.: OCT 26 57

26. REGISTRAR'S SIGNATURE: J. Earl Smith - M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. Fred Clark
864 Hamilton
PA 1-2354
1:00 To 5:00 P.M.
FRIDAY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arnold W. Schoena

Licensed Embalmer No. 386

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.