

FILED NOV 22 1957 STANDARD CERTIFICATE OF DEATH

State File No. **12705**
Registrar's No. **10524**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) **St. Louis**

c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer Phillips**

4. STREET ADDRESS (If rural, give location) **1417 Walton**

3. NAME OF DECEASED (Type or Print)
a. (First) **Mary** b. (Middle) **Phelia** c. (Last) **Todd**

4. DATE OF DEATH (Month) (Day) (Year) **11-4-57**

5. SEX **Female**

6. COLOR OR RACE **Negro**

7. MARRIED (Specify) **Never Married**

8. DATE OF BIRTH **8/8/1910**

9. AGE (In years, last birthday) **47**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Detail Clerk**

10b. KIND OF BUSINESS OR INDUSTRY **Jane Bryant**

11. BIRTHPLACE (City and State or Foreign Country) **Clarksville Tenn.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Albert Blakey**

13b. MOTHER'S MAIDEN NAME **Bess Grant**

14. NAME OF HUSBAND OR WIFE **Julius Todd**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **497-16-5834**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Julius Todd 1417 Walton**

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

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Infarction**
ANTECEDENT CAUSES
DUE TO **Pulmonary Edema**
DUE TO **Anesthesia**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death or related to the disease or conditions causing death: **Suffered while undergoing operation (brain removal) of Homer Phillips Hospital on November 4, 1957.**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) **Accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Shop**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Nov 4 57 ? m.**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **237x**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:51** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Robert J. Taylor Coroner**

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **11.6.57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal**

24c. NAME OF CEMETERY OR CREMATORY **National Cemetery**

24d. LOCATION (City, town, or county) (State) **Jefferson Barracks, Mo.**

DATE REC'D BY LOCAL REG. **NOV 6 57**

REGISTRAR'S SIGNATURE **Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Geo. W. Bruce 4469 Wash St**

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

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
Student Embalmer

Signed Frederick B. Stark

Licensed Embalmer No. 4599

P. O. Address St. Louis

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 this body is not embalmed, fact should be so stated above.