

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016830

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1172

Health, Welfare, Public Service, 4007, 300, -56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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| 1. PLACE OF DEATH a. COUNTY ST LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBSTER GROVES | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN WEBSTER GROVES Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 125 REASOR | | Length of stay in lb 5 | d. STREET ADDRESS 125 REASOR Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|--|-------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First WILLIE ANN Middle WASHINGTON Last WASHINGTON | | | 4. DATE OF DEATH Month April Day 25 Year 1958 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH MARCH 6 1951 | | 9. AGE (In years to ¹⁰ birthday) 7 |
| 10a. USUAL OCCUPATION (Blue kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | 11. BIRTHPLACE (City and state or country) GRENADA MISSISSIPPI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|--|--|--|--|
| 13. FATHER'S NAME PAUL WASHINGTON | | 14. MOTHER'S MAIDEN NAME ORA LEE JEFFERSON | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT Paul Washington 125 Reasor |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Due to Burns | | INTERVAL BETWEEN ONSET AND DEATH |
| 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) E916.0 16 | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 2 |

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| 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.) Burned in fire in home | |
| 20c. TIME OF INJURY Hour 8:30 Month April Day 25 Year 1958 | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) bedroom of home | 20f. CITY, TOWN, OR LOCATION Webster Groves COUNTY St. Louis STATE Mo. |

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

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|---|-------------------------------------|-----------------------------------|
| 22a. SIGNATURE (Degree or title) Jaymond J. Davis Coroner | 22b. ADDRESS Clayton, Mo. | 22c. DATE SIGNED 5/1/58 |
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| 23a. BURIAL, CREMATION, or REMOVAL (Specify) | 23b. DATE April 30, 58 | 23c. NAME OF CEMETERY OR CREMATORY Father Nickerson Greenwood Mo | 23d. LOCATION (City, town, or county) (State) Mo |
|--|----------------------------------|--|--|

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| 24. EMERALD DIRECTOR J. J. Vandell Address 1778 | 25. DATE RECD. BY LOCAL REG. 4-29-58 | 26. REGISTRAR'S SIGNATURE Herbert B. Dombek MD |
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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER *A*

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 *Madison L. Jones*.....

Licensed Embalmer No. *43*

P. O. Address *3024
Arlington Avenue*

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.