

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038329  
STATE FILE NUMBER  
9116

FILED OCT 17 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9116

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN E. St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Infirmary		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) 1826 Gaty Avenue
3. NAME OF DECEASED (Type or print) First Middle Last HATTIE WEST		4. DATE OF DEATH Month Day Year Sept. 18, 1958	
5. SEX Fem	6. COLOR OR RACE 3 Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 22, 1868
9. AGE (In years last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	11. BIRTHPLACE (City and state or country) Jackson, Tennessee
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Henry Brown	
14. MOTHER'S MAIDEN NAME Hannah Porter		15. NAME OF HUSBAND OR WIFE Mamie Harris, 1826 Gaty Ave., St. Louis	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.	18. INFORMANT Address Mamie Harris, 1826 Gaty Ave., St. Louis
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>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>331x</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>Unknown</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg.)		
20e. CITY, TOWN, OR LOCATION COUNTY STATE	20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg.)		
21. I attended the deceased from Death occurred at <u>9-17-58</u> to <u>9-18-58</u> and last saw her alive on <u>9-18-58</u> <u>6:30</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>N. E. Smith, M.D.</u>	
22b. ADDRESS <u>1117 Jefferson St. Louis</u>		22c. DATE SIGNED <u>9-20-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE <u>9/20/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Booker T. Washington</u>	23d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Illinois</u>
24. FUNERAL DIRECTOR R. M. C. Green, 4060 Washington Ave		25. DATE RECD. BY LOCAL REG. <u>SEP 22 1958</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 E. Shea* .....

Licensed Embalmer No. *4428* .....  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.