

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046456  
STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 318 Primary Registration District No. 1003

Registration No. 12196

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, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 626 N. Garrison Ave		Length of stay in lb 58 yrs		d. STREET ADDRESS (If outside, give location) 211 626 N. Garrison Ave.	
3. NAME OF DECEASED First Middle Last (Type or print) SEREPTA WADE			4. DATE OF DEATH Month Day Year Dec. 16 1958		
5. SEX Female 3	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 3, 1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR IF UNDER 24 HRS. Months 5 Days 13 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) New Haven, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Patrick Jones		13b. MOTHER'S MAIDEN NAME Eliza ?	
14. NAME OF HUSBAND OR WIFE		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. None	
17. INFORMANT Address Bertha Torian 626 N. Garrison Ave		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cerebral vascular thrombosis IMMEDIATE CAUSE (a) Cerebral Vascular Thrombosis DUE TO (b) 332X DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) ITEM 22c CORRECTED BY AFFIDAVIT OF Physicians 1-22-59 DES		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/>		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 May 1958 to Nov 16 1958 and last saw her alive on Nov 16 1958 Death occurred at 7:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. W. Hoard (Degree or title) J. W. Hoard M.D.		22b. ADDRESS Kinloch, Mo. Kinloch Mo		22c. DATE SIGNED 12-16-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 22, 1958		23c. NAME OF CEMETERY OR CREMATORY Father Dickson	
23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		24. FUNERAL DIRECTOR J. H. RANDLE & SON ADDRESS 3133 Bell Ave		25. DATE RECD. BY LOCAL REG. DEC 17 '58	
26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. R.P.					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Esther N. Harris*

Licensed Embalmer No. *4458*  
P. O. Address: *4181 Wash*

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.