

S. No. 2
OM-5-43
v. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17410
State File No. _____
4600
Registrar's No. _____

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
HOMER G. PHILLIPS 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 hours
(Specify whether
In this community 31 years
years, months or days)

3. (a) PRINT FULL NAME CLARA ROOKER
3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-16-8746

4. Sex Female 5. Color or race NEGR 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 14 1908
(Month) (Day) (Year)

8. AGE: Years 39 Months 10 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Columbus MISS
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business Industry

12. Name Hughes Short

13. Birthplace Columbus MISS
(City, town or county) (State or foreign country)

14. Maiden name Celia Amos

15. Birthplace Columbus MISS
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Greenlee

(b) Address 310 S. 23rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 19 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Howell Funeral Home

(b) Address 2834 Campbell

19. (a) MAY 18 1948 (Date received local registrar) (b) J. F. Pradect (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 310 S. 23rd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14 year 48 hour 3:30 minute 9 P. M.
21. I hereby certify that I attended the deceased from May 12 1948 to May 14 1948
that I last saw her alive on May 14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death meningitis
Pneumococcus

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Willis Reed (M. D. or other) _____
Address 2337 Market Date signed 5/17/48

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

2717 Lucas
N.C. 7856.

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 C

Registered Apprentice No. _____

working under my personal supervision.

Signed

Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.