FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 6 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24443

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6491

1. PLACE OF DEATH:

(a) County

(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 O.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1100 No. Taylor
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles Knox

3. (b) If veteran, name war

3. (c) Social Security No. 497-10-5577

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Matilda Knox

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased August (Month) 17 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
57	11	3	hr. min.

9. Birthplace Mc Cool (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Hospital Attendant

11. Industry or business Homer G. Phillips

FATHER
12. Name Unknown
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Matilda Knox
(b) Address 1100 No. Taylor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 23 (Day) 48 (Year)
(c) Place: burial or cremation WASHINGTON PARK Cemetery St. Louis Mo.

18. (a) Signature of funeral director Wm Emmett
(b) Address 1721 Coleman St 6.

19. (a) JUL 23 1948 (Date received local registrar) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1948 hour 11:55 minute P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other) Date signed

Address

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wm Smith

Licensed Embalmer No. 4371

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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