

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 23 1949

1175

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis, Mo</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2324 Pine Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Corine</b>			b. (Middle) _____		c. (Last) <b>Jones</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 3 1949</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>divorced</b>	8. DATE OF BIRTH <b>June 12, 1907</b>		9. AGE (In years, last birthday) <b>41</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>22</b>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unemployed</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Memphis, Tenn</b>		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <b>Jasper Polk</b>			13b. MOTHER'S MAIDEN NAME <b>Minnie Cross</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Jewel Polk</b>		ADDRESS <b>4559 St. Ferdinand</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Cerebra Hemorrhage and Hypertensive</b> <b>Heart Disease with Decompensation ..</b> <b>Undetermined</b> <b>Bronchial Pneumonia</b>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES _____ *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Undetermined</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS _____ Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchial Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undet</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>1-28</b> , 19 <b>49</b> , to <b>2-3</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>2-3</b> , 1949, and that death occurred at <b>1 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Oscar L Daniels D</b> M. D.				23b. ADDRESS <b>2601 N Whittier</b>		23c. DATE SIGNED <b>2-5-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Feb. 8, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, county; Mo.</b>		
DATE REC'D BY LOCAL REG. <b>FEB 7 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Farata</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Dement &amp; Son</b>		ADDRESS <b>2629-31 Cole</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 .....  
Student Embalmer

Signed

*H. Claude Gordon*

Licensed Embalmer No. 3489

P. O. Address 4575 Ald

**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.