

FILED MAR 5 1949 STANDARD CERTIFICATE OF DEATH

State File No. **6548**
Registrar's No. **1557**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (In this place) 6 days d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER PHILLIPS 0		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. d. STREET ADDRESS (If rural, give location) 295 Leonard 0		
3. NAME OF DECEASED a. (First) Hettie b. (Middle) _____ c. (Last) Pease (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) Feb. 16 1949	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH July 7, 1912	
9. AGE (In years last birthday) 36		IF UNDER 1 YEAR 6 MONTHS 14 DAYS	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) MERIDIAN, MISSISSIPPI	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME GEO. JACKSON	13b. MOTHER'S MAIDEN NAME MARY PRESTON	14. NAME OF HUSBAND OR WIFE CHARLEY PEASE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mary Conley ADDRESS 3125 Spruce	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension ANTECEDENT CAUSES Undetermined *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) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Uremia Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Undet.
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 2-10 , 1949, to 2-16 , 1949, that I last saw the deceased alive on 2-16 , 1949, and that death occurred at 9:15 am. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Oscar L Daniels 0 M. D.		23b. ADDRESS 2601 N Whittier		23c. DATE SIGNED 2-17-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/21/49	24c. NAME OF CEMETERY OR CREMATORY Graveside	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. FEB 18 1949		REGISTRAR'S SIGNATURE J. B. Foster	FUNERAL DIRECTOR'S SIGNATURE J. Harrison ADDRESS 2906 Linton	

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

Lawrence Woodson

Licensed Embalmer No. *4341*

P. O. Address *1907 7th St*

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.