

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 10524  
2850

BIRTH NO.		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. <u>1003</u>	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	a. STATE <u>Ohio</u> b. COUNTY <u>Admission</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middletown</u>		
3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) (Type or Print) <u>Phillip Pleasant</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 29 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 25 1874</u>	9. AGE (In years) (Months) (Days) <u>75 6 4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Major McGee</u>		
13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Pleasant</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Not known</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wanda Pleasant 2516 Goode Ave.</u>
18. CAUSE OF DEATH Entirely on this line for (a), (b) and (c) <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Bronchogenic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u>				
DUE TO (c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
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 <u>3-27</u> , 19 <u>49</u> , to <u>3-29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-29</u> , 19 <u>49</u> , and that death occurred at <u>2:30 am.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Osceol L. Daniels M. D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>3-29-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/29/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Middletown Ohio</u>	24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 29 1949 J. B. Sator</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas. J. Gates 4107 Finney Ave.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

**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 *Frank J. Bates* \_\_\_\_\_

Licensed Embalmer No. *4259* \_\_\_\_\_

P. O. Address *4107 7<sup>th</sup>* \_\_\_\_\_

**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.**

A F F I D A V I T

10524

Before me, a notary public in and for the City and State  
aforesaid, personally appeared Wanda Pleasant  
of 2516 Goode Avenue St. Louis, Missouri, a person of  
lawful age, who after being duly sworn upon her oath, deposes and  
states that she is the daughter of deceased; Phillip Pleasant  
that said  
deceased was born May 10, 1884, and that his correct  
age at the time of death was 64 years.

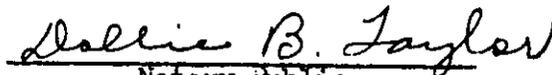
Further, affiant sayeth not.

  
Affiant

Subscribed and sworn to before me this 12th day of April, 1949

~~My Commission Expires June 17, 1952~~

My Commission expires June 17, 1952

  
Notary Public

