

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH **1003**

32271

State File No. ....

Registrar's No. **8412**

BIRTH NO. **61769-49** REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>4221 W. Page</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer B. Phillips</b>			
3. NAME OF DECEASED (Type or Print) a. (First)		b. (Middle) <b>Infant</b>	
c. (Last) <b>Townsend</b>		4. DATE OF DEATH (Month) <b>9</b> (Day) <b>16</b> (Year) <b>49</b>	
5. SEX <b>Fem. ♀</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED; (Specify)	8. DATE OF BIRTH <b>9-16-49</b>
9. AGE (In years last birthday) <b>5</b> IF UNDER 1 YEAR Months <b>30</b> IF UNDER 4 HRS. Hours <b>5</b> Min. <b>30</b>		11. BIRTHPLACE (State or foreign country)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?	
10b. KIND OF BUSINESS OR INDUSTRY		14. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <b>Arleader Townsend</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>2601N</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Arthur W. Sherard</b>		ADDRESS <b>2601 N. Whittier</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>			
		DUE TO (c)			
II. 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 checked="" 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) <b>13-7</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>776X</b>	
22. I hereby certify that I attended the deceased from <b>9-16-49</b> , 19 <b>49</b> to <b>9-16-</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>9-16-</b> , 19 <b>49</b> , and that death occurred at <b>9:30a</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>W. H. ...</b>		(Degree or title) <b>M. D.</b>		23b. ADDRESS <b>2601 N. Whittier</b>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>SEP 30 1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <b>SEP 30 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Service Inc.</b>	
				ADDRESS <b>4104 Manchester Ave. St. Louis 10, Mo.</b>	

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.