S. No. 300
Rev. 10-48

FILED DEC 1 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 38541
Registrar's No. 9993

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 11
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G Phillips Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 3024a N. Newstead

**3. NAME OF DECEASED** (Type or Print)
a. (First) Wilbert
b. (Middle)
c. (Last) Box

**4. DATE OF DEATH** (Month) (Day) (Year) Nov. 17 1949

**5. SEX** Male
**6. COLOR OR RACE** Col
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Single(?)
**8. DATE OF BIRTH** Sept. 30, 1910
**9. AGE** (In years last birthday) 39 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Unemployed
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country) Corinth, Miss.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Frank Box
**13b. MOTHER'S MAIDEN NAME** Rosa Moore
**14. NAME OF HUSBAND OR WIFE** —

**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.**
**17. INFORMANT'S SIGNATURE OR NAME** Alastine Moore, **ADDRESS** 3024 N. Newstead

**MEDICAL CERTIFICATION**

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Proctitis Pyonephrosis — INTERVAL BETWEEN ONSET AND DEATH: Undet.
Chronic Cystitis

ANTECEDENT CAUSES
*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
*Conditions contributing to the death but not related to the disease or condition causing death.* Left Inguinal Colostomy

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [X] NO [ ]

**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) Ill
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?** Col 5X

22. *I hereby certify that I attended the deceased from* 6-3, 1949, *to* 11-17, 1949, *that I last saw the deceased alive on* 11-17, 1949, *and that death occurred at* 5 p. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Montague Lawrence (Degree or title) M. D.
**23b. ADDRESS** 2601 N Whittier St.
**23c. DATE SIGNED** 11-21-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal
**24b. DATE** 11/21/49
**24c. NAME OF CEMETERY OR CREMATORY** Booker Washington
**24d. LOCATION** (City, town, or county) Centerville Twp. (State) Ill.

**DATE REC'D BY LOCAL REG.** NOV 21 1949
**REGISTRAR'S SIGNATURE** J. B. Sanders
**25. FUNERAL DIRECTOR'S SIGNATURE** R. M. C. Green **ADDRESS** 3517 Laclede Ave

(Licensed Embalmer's Statement on Reverse Side)

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

Non-differentiating Unspecified Malignant Neoplasm

## 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 Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo.

**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.**