

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43009

State File No. _____

FILED JAN 3 1950

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11023**

1. PLACE OF DEATH a. COUNTY Homer G. Phillips		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 20 2524 Glasgow Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Blanche b. (Middle) Leona c. (Last) Tatum		4. DATE OF DEATH (Month) (Day) (Year) Dec. 19 1949	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 25, 1880
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 9 Days 24 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Charles, Missouri
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Martha Phillips	14. NAME OF HUSBAND OR WIFE Martin S. Tatum
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 ADDRESS Martin Samuel Tatum, 2524 Glasgow
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Decompensation 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. Pulmonary Infarction	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) St. Louis
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? H3H3
22. I hereby certify that I attended the deceased from 12-15 , 19 49 , to 12-19 , 19 49 , that I last saw the deceased alive on 12-19 , 19 49 , and that death occurred at 9:20a m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. B. Foster		23b. ADDRESS 2601 N. Whittier St	23c. DATE SIGNED 12-19-49
24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-24-1949	24c. NAME OF CEMETERY OR CREMATORY Washington Park, Ceme	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
DATE REC'D BY LOCAL REG. DEC 23 1949		REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Peoples Und. Co. 3100 Franklin

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

John G. Pittus

Licensed Embalmer No. 4184

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.