

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21778

State File No. ....

BIRTH NO. 31012-50 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5169**

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 township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>1 hr. 16 mins</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOMER G. PHILLIPS HOSPITAL</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2119</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Infant</b> b. (Middle) <b>Boley</b> c. (Last) <b>Macbeth</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 26 50</b>	
5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>5-26-50</b>
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>0</b>
13a. FATHER'S NAME <b>James Macbeth</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Davidson</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs E. M. Whittier</i>	
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.		17. ADDRESS <b>2601 N. Whittier</b>	
18. CAUSE OF DEATH (continued) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Permatute birth</b>  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.		INTERVAL BETWEEN ONSET AND 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? <b>771x</b>	
22. I hereby certify that I attended the deceased from <b>5-26-1950</b> , to <b>5-26-1950</b> , that I last saw the deceased alive on <b>5-26-1950</b> , and that death occurred at <b>4:20 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <i>E. W. Sinker</i>		23b. ADDRESS <b>M. D. 2601 N. Whittier</b>	
23c. DATE SIGNED <b>6-6-50</b>		23d. LOCATION (City, town, or county) (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>JUN 12 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Home</b>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG <b>JUN 12 1950</b>	REGISTRAR'S SIGNATURE <i>J. B. Sinker</i>	25. FUNERAL DIRECTOR'S NAME AND ADDRESS <b>Rowland Victoria Service Inc.</b> <b>104 Manchester Ave. St. Louis 10, Mo.</b>	

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

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**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.**