

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31868

State File No. 7747

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer K Phillips				d. STREET ADDRESS (If rural, give location) 4246 E. Hazelfield			
3. NAME OF DECEASED (Type or Print) Helen		a. (First)		b. (Middle)		c. (Last) Ralph	
5. SEX Female		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Unknown	
9. AGE (In years, last birthday) 3		10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years, last birthday) 10	
11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? _____		11. BIRTHPLACE (State or foreign country) 9			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		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 Margaret Johnson ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr of right hip; arteriosclerosis ANTECEDENT CAUSES where she fell in her home Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) on or about Aug 19 1950 DUE TO (c) about 100 p.m.				INTERVAL BETWEEN ONSET AND DEATH _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Accident					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION NO				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		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 Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 19 50 8:00 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6973A			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 200 P m., from the causes and on the date stated above.							
23a. SIGNATURE John E. Ingle			23b. ADDRESS 300 Chestnut		23c. DATE SIGNED 9-13-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) buried		24b. DATE Sept 17/50		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine		24d. LOCATION (City, town, or county) (State) St Louis MO	
DATE REC'D BY LOCAL REG. SEP 13 1950		REGISTRAR'S SIGNATURE L.B. Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L.H. Green 4214 Delmar			

(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 F. H. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.