

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42427

State File No.

FILED DEC 18 1950

10291

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 Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) 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		229	
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Homer G. Phillips				d. STREET ADDRESS (If rural, give location) 2838 Laclede Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) Berryman		b. (Middle) _____		c. (Last) Johnson	
4. DATE OF DEATH		(Month) 11		(Day) 29		(Year) '50	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3-4-1886	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR 8 Months		IF UNDER 1 YEAR 25 Days		IF UNDER 1 YEAR _____ Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Guthrie, Ky.	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Wyatt Johnson		13b. MOTHER'S MAIDEN NAME Caroline	
14. NAME OF HUSBAND OR WIFE Luella (dec'd.)				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Hattie Hooser				ADDRESS 2838 Laclede Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure				INTERVAL BETWEEN ONSET AND DEATH Unknown	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>					
		DUE TO (b) Hypertensive Heart Disease					
		DUE TO (c) Senile Psychosis					
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				Undetermined	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION UndeNoneined				20. AUTOPSY? YES <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HH3X			
22. I hereby certify that I attended the deceased from 4-4-50 , 19____, to 11-29-50 , 19____, that I last saw the deceased alive on 11-29-50 , 19____, and that death occurred at 4:30 pm. , from the causes and on the date stated above.							
23a. SIGNATURE Clavin Thompson				23b. ADDRESS M. D. 2601 N. Whittier		23c. DATE SIGNED 11-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-4-50		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. DEC 4 1950		REGISTRAR'S SIGNATURE R. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE Russell Und., Co.			
				ADDRESS 2732 Pine Blvd.			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Clark Young

Signed.....

Student Embalmer

Licensed Embalmer No. 3377

P. O. Address St Louis

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.