

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12432

State File No. 11003
Registrar's No. 11003

FILED JAN 13 1951

BIRTH NO. 22674-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 16 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069			
d. FULL NAME OF HOSPITAL OR INSTITUTION Romer G. Phillips		b. STREET ADDRESS 4976 Wabada		0			
3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Jones c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) 12 16 50				
5. SEX 3 Fem.		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1			
8. DATE OF BIRTH 12-16-50		9. AGE (In years last birthday) 16		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. 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) Missouri			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Lorine Jones			
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 R. W. Seubler		18. ADDRESS 2601 N. Whittier					
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth 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.				20. 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 776X			
22. I hereby certify that I attended the deceased from 12-16-1950, to 12-16-1950, that I last saw the deceased alive on 12-16-1950, and that death occurred at 9:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE R. W. Seubler (Degree or title) M. D.		23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 12-20-50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6 DEC 26 1950		24c. NAME OF CEMETERY OR CREMATORY Anawim			
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service					
DATE REC'D BY LOCAL REG. 1263 DEC 26		REGISTRAR'S SIGNATURE J. B. [Signature]					

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.....

Signed.....
Student Embalmer

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.