

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10818
2089

FILED MAR 19 1951

State File No. 2089

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

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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If inside corporate limits, write RURAL and give township) OR TOWN St. Louis		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips				d. STREET ADDRESS (If rural, give location) 4257 St. Louis ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) _____		c. (Last) Uright		4. DATE OF DEATH (Month) (Day) (Year) March 2 1951	
5. SEX A 3		6. COLOR OR RACE col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH 8-27-1896	
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse attendant		11. BIRTHPLACE (State or foreign country) Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Graham		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Dead			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Pauline Williams ADDRESS 4145 Fairford St			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Coronary Sclerosis				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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? H20!					
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 5:55 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Gabriel E Taylor (Degree or title) Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3.5.51	
24a. BURIAL, CREMATION, REMOVAL (Specify) 7		24b. DATE 3-6-51		24c. NAME OF CEMETERY OR CREMATORY washington Park		24d. LOCATION (City, town, or county) (State) St. Louis, Mo	
DATE REC'D BY LOCAL REG. MAR 5 1951		REGISTRAR'S SIGNATURE J B Foster		25. FUNERAL DIRECTOR'S SIGNATURE Gushow ADDRESS 2930 Dickson St.			

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

Leroy U. Penninger

Signed.....

Student Embalmer

Licensed Embalmer No. 4523

P. O. Address 3880 Ector Ave

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.