

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1951

1003

State File No. 18403

5216

BIRTH NO. 33060-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 10hrs 6mins		d. STREET ADDRESS (If rural, give location) 2737 Madison	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips			

3. NAME OF DECEASED a. (First) Jerde b. (Middle) Morris c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 5 26 51		
5. SEX Fem. 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 5-26-51	9. AGE (In years last birthday) 10	IF UNDER 1 YEAR Months Days 6
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 Lewis Morris	13b. MOTHER'S MAIDEN NAME Edna Goode	14. NAME OF HUSBAND OR WIFE
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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 Mrs. Esther M. Shivers	ADDRESS 601 N. Whittier
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 776X
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22. I hereby certify that I attended the deceased from 5-26-1951 to 5-26-1951, that I last saw the deceased alive on 5-26-1951, and that death occurred at 10:13 p.m. from the causes and on the date stated above.

23a. SIGNATURE W. D. Phillips	(Degree or title) M. D.	23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 5-29-51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6 JUN 7 1951	24c. NAME OF CEMETERY OR CREMATORIUM Andwinwood	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. JUN 7 1951	REGISTRAR'S SIGNATURE J. B. Carter	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.	ADDRESS
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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.