

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 35468

FILED NOV 2 1951

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No. 9165

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis		a. STATE Missouri	
c. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G Phillips Hospital		b. COUNTY	
c. LENGTH OF STAY (in this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
		d. STREET ADDRESS 3954 W. Bell	

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) Oil	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
				Oct. 15 1951

5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 25, 1865	9. AGE (in years last birthday) 86
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Genevieve, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME unknown Oil	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Josephine Oil
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Catherine Navals	ADDRESS 3521 Cook
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH Undet.
	ANTECEDENT CAUSES DUE TO (b) Undetermined <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 157X
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22. I hereby certify that I attended the deceased from 10-9, 1951, to 10-15-51, 1951, that I last saw the deceased alive on 10-15, 1951, and that death occurred at 1:10a m., from the causes and on the date stated above.

23a. SIGNATURE <i>Earl Smith</i>	(Degree or title)	23b. ADDRESS 601 N Whittier St	23c. DATE SIGNED 10-15-51
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24a. BURIAL CREMATION REMOVAL (Specify) Buried	24b. DATE 10/19/1951	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. OCT 17 1951	REGISTRAR'S SIGNATURE <i>Earl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. J. J. Home</i>	ADDRESS 215 So. Jefferson
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(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 *J. J. Watson*

Licensed Embalmer No. *269A*

P. O. Address *2769 Chouteau*

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.