

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38823

State File No. ....

FILED DEC 15 1951

318

1003

10956

BIRTH NO. _____		REG. DIST. NO. _____		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 b. COUNTY			
b. CITY OR TOWN		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)			
HOMER G. PHILLIPS				2344 CARR ST.			
3. NAME OF DECEASED (Type or Print)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
SPYGLTER		Melvon		Chester		12-7-51	
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
MALE		C		NEVER MARRIED		6-25-1943	
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)	
						GREENVILLE MISS	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE	
Ike Chester			ESTELLA WILLIS				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
				ESTELLA CHESTER 2344 CARR.			
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.		1. MEDICAL CERTIFICATION 1. Internal hemorrhage; 2. Ruptured liver, suffered about 6:10 P.M., Dec. 6, 1951, when struck by auto driven by one Anthony Steiman in front of about 2716 Franklin Avenue; ACCIDENT.  2. 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"/>							
21a. ACCIDENT OR SUICIDE OR MURDER (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, shop, street, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21a. ACCIDENT		Street		St. Louis			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
12:55 PM				See above 68124			
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 _____ A.M., from the causes and on the date stated above.							
23a. SIGNATURE (If registrar, give name and title)				23b. ADDRESS		23c. DATE SIGNED	
[Signature]				1300 Clark		12/10/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
REMOVAL		12-14-51		Washington Park Cemetery		ST LOUIS COUNTY MO.	
DATE REC'D BY LOCAL REG. OFF. _____		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
DEC 11 1951		[Signature]		Bennie Love 3103 Washington			

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

*H. Claude Gordon*

Licensed Embalmer No. 3489

P. O. Address. 45-75 Aldine

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.