

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42717

FILED JAN 16 1952

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Registrar's No. 11544

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 11544	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				b. COUNTY Missouri			
c. LENGTH OF STAY (In this place) 3 weeks		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. DATE OF DEATH (Month) (Day) (Year) 12 23 51			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillip				d. STREET ADDRESS (If rural give location) 2936 Hamble St			
3. NAME OF DECEASED (Type or Print)		a. (First) Robert		b. (Middle) Taylor		c. (Last) Allen	
5. SEX m. 2		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 9-11-1925	
9. AGE (In years last birthday) 26		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Luxero Ark		12. CITIZEN OF WHAT COUNTRY? U.S.A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME Harry Allen		13b. MOTHER'S MAIDEN NAME Pearl Wade	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Lucy Allen Cunningham		14. ADDRESS Rockford 3010 Cunningham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes war 2		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Harry Allen			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fr of skull; Subdural Hemorrhage		ANTECEDENT CAUSES deceased was found lying face down in the door way at 9:30 PM Sarah Str on Dec 23 1951 at about 3:50 am				II. OTHER SIGNIFICANT CONDITIONS Cause and manner of cause could not be determined	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION open Verdict				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE Verdict		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rockford		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 69047				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 7:18 A.M., from the causes and on the date stated above. 46	
23a. SIGNATURE Patrick E. Taylor Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12 27 51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-28-51		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Baracks MO	
DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE DEC 27 1951		25. FUNERAL DIRECTOR'S SIGNATURE G. S. G. Smith M.D.		25. ADDRESS G. S. G. 2930 Dickson St			

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..... *Leroy W. Bannister*

Licensed Embalmer No. *4523*

P. O. Address..... *3880 Easton 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.