

No. 300
10-48

FILED JUN 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18249
State File No.
Registrar's No. 4507

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY MO.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Homer G. Phillips		d. STREET ADDRESS (If rural, give location) 21 1827th CARR ST.	
3. NAME OF DECEASED (Type or Print) EZELL		4. DATE OF DEATH (Month) (Day) (Year) 5 9 1952	
5. SEX MALE		6. COLOR OR RACE COLORED	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4-9-1897	
9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FREIGHT HANDLER		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Aberdeen, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EDMOND LOCUST		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE EMMA LOCUST		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.#1.	
16. SOCIAL SECURITY NO. 489-16-6296		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EMMA LOCUST, 1827th Carr 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) Pulmonary Edema DUE TO (c) Cardiac Hypertrophy 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH _____	
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) m. _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4343	
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 3:25 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph M. Vasser (Print name) (Degree or title) _____		23b. ADDRESS 1300 CLARK AVE.	
23c. DATE SIGNED _____		24a. BURIAL CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE 5/16/52		24c. NAME OF CEMETERY OR CREMATORY NATIONAL Cemetery	
24d. LOCATION (City, town, or county) (State) JEFFERSON BARACKS, MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mose Vasser, 2812 Cass Ave	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 15 1952 J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mose Vasser, 2812 Cass Ave	

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.