

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

**21882**

State File No. **6009**  
Registrar's No. **6009**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  c. LENGTH OF STAY (In this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>  b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  d. STREET ADDRESS (If rural, give location) <b>3954 Page Blvd.</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Hortensé</b> b. (Middle) _____ c. (Last) <b>Currie</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>6 23 52</b>			
<b>5. SEX</b> <b>F 3</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>June 14, 1902</b>	<b>9. AGE</b> (In years, last birthday) <b>50</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Vicksburg, Miss. 1</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>

<b>13a. FATHER'S NAME</b> <b>Horn</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Ellen Lewis</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Joseph Currie (deceased)</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Ozella Porterfield--4331a Ashland</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral apoplexy</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Hypertension</b>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> _____
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>334x</b>
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**22. I hereby certify that I attended the deceased from Jan. 1852, to June 23, 1952, that I last saw the deceased alive on June 2, 1852, and that death occurred at 2:30 a. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>L.B. Houder</b>	<b>23b. ADDRESS</b> <b>2902 Lake de</b>	<b>23c. DATE SIGNED</b> <b>6. 25. 52</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal 4</b>	<b>24b. DATE</b> <b>June 30, 1952</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Washington Park</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>JUN 26 1952</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. C. Smith MD</b>	<b>5. FUNERAL DIRECTOR'S SIGNATURE</b> <b>C. P. Roone</b>	<b>ADDRESS</b> <b>1221 N. Grand</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE MAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Guyton H. Swan*

Licensed Embalmer No. *4580*

Signed.....

Student Embalmer

P. O. Address *1221<sup>n</sup> Grand*

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.