

FILED JUL 22 1952

STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

6633

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 Missouri b. COUNTY 2259			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips				d. STREET ADDRESS (If rural, give location) 23 1015 N. 7th Apt 101			
3. NAME OF DECEASED (Type or Print) George		a. (First) Washington		c. (Last) Hill		4. DATE OF DEATH (Month) (Day) (Year) July 6, 1952	
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH June 10, 1865	
9. AGE (In years last birthday) 86		10. UNDER 1 YEAR 0		11. UNDER 1 YEAR 26		12. UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher				10b. KIND OF BUSINESS OR INDUSTRY Morris & Co.		11. BIRTHPLACE (City and State or Foreign Country) Mineral Springs, Ark. 1	
12. CITIZEN OF WHAT COUNTRY?							
13a. FATHER'S NAME Doc Rogers		13b. MOTHER'S MAIDEN NAME Quincy Green		14. NAME OF HUSBAND OR WIFE Gertrude Hill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Grace Breedlove			
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural hemorrhage with out fractured skull;</u> ANTECEDENT CAUSES <u>with out fractured skull;</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Head of Pancreas suffered when deceased fell out of wheelchair at</u> DUE TO (c) <u>Homer G. Phillips Hospital</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>on July 4 1952</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>				20. AUTOPSY YES ☒ NO ☐	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>St. Louis Mo.</u>		21c. CITY, TOWN, OR TOWNSHIP <u>St. Louis Mo.</u>		(COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 4 52</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>ood</u>			
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 <u>2:44 p.m.</u> , from the causes and on the date stated above. <u>45</u>							
23a. SIGNATURE <u>Bartholomew E. Taylor</u>				(Degree or title)		23b. ADDRESS <u>1338 Clark</u>	
23c. DATE SIGNED <u>7.8.52</u>							
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>7/12/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>		24d. LOCATION (City, town, or county) (State) <u>E. St. Louis Ill.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 8 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith md</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Cooney</u>			
ADDRESS		ADDRESS <u>1221 N. Grand</u>					

(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

Charles C. Brown

Licensed Embalmer No. *475-55*

P. O. Address *1271 N. Lynn*

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.