

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26285

State File No. _____

BIRTH NO. 39231 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6721

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) 4 hrs. 15 mins c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2259

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips d. STREET ADDRESS (If rural, give location) 25 1209 N. 11th

3. NAME OF DECEASED a. (First) Isaac b. (Middle) Samuel c. (Last) Samples 4. DATE OF DEATH (Month) (Day) (Year) 6 16 52

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) U 8. DATE OF BIRTH 6-16-52 9. AGE (In years last birthday) 4 IF UNDER 1 YEAR Months 15 IF UNDER 12 HRS. Days 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? d

13a. FATHER'S NAME John Samples 13b. MOTHER'S MAIDEN NAME Ora Lee Garth 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Miss M. Samuel ADDRESS 2601 N. Whittier

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 18. CAUSE OF DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DUE TO (b) _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (a) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 776X

22. I hereby certify that I attended the deceased from 6-16-, 1952, to 6-16-, 1952, that I last saw the deceased alive on 6-16-, 1952, and that death occurred at 8:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE W. D. Dickler (Degree or title) M. D. 23b. ADDRESS 2601 N. Whittier 23c. DATE SIGNED 6-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE 7-31-52 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JUL 11 1952 REGISTRAR'S SIGNATURE J. Carl Smith, M.D. 25. FUNERAL HOME OR MORTUARY SERVICE ADDRESS Rowland Mortuary Service 4104 Manchester 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.