

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30037

State File No.

FILED AUG 23 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7557**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 219	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 3720^{1/2} Cook Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Celia		b. (Middle) —	
c. (Last) Sky		8. DATE OF BIRTH FEB. 29 1899	
5. SEX F		9. AGE (In years last birthday) 53	
6. COLOR OR RACE Col		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME DOCK MADISON		13b. MOTHER'S MAIDEN NAME Celia MADISON	
14. NAME OF HUSBAND OR WIFE LINDAY SKY		17. INFORMANT'S SIGNATURE OR NAME Lindsay Sky	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. —	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion (Sclerosis) ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>		21. HOW DID INJURY OCCUR 16. 4201	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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 8:10 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick E. Taylor (Degree or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 8.6.52		24. LOCATION (City, town, or county) (State) GREENWOOD LEM WELLS STON MO	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-11-52	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. AUG 8 1952		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE W. A. F. Walter		ADDRESS 2707 Stoddard	

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Alden

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.