

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **43361**

FILED JAN 10 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**Registrar's No. **11407**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2119</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>11 1531 Webster</b>	
3. NAME OF DECEASED (Type or Print) <b>Roylena</b>		a. (First) <b>Damon</b> b. (Middle) c. (Last)	
4. DATE OF DEATH <b>Dec. 6 1952</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widow</b>	
5. SEX <b>3</b> <b>Female</b>		8. DATE OF BIRTH <b>June 30, 1887</b>	
6. COLOR OR RACE <b>Colored</b>		9. AGE (In years last birthday) <b>65</b> IF UNDER 1 YEAR: Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>Frank Reed</b>		13b. MOTHER'S MAIDEN NAME <b>Clara Byrd</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Georgetta Damon- 1531 Webster</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension</b> INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b> ANTECEDENT CAUSES <b>Undetermined</b> DUE TO (b) DUE TO (c) <b>Carcinoma of left Lung with Metastasis to pleura</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>163X</b>		22. I hereby certify that I attended the deceased from <b>8-2</b> , 19 <b>52</b> , to <b>12-6</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>12-6</b> , 19 <b>52</b> , and that death occurred at <b>9:20a</b> m., from the causes and on the date stated above.	
23. SIGNATURE <b>Charles P. Harrell</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>2601 N Whittier St</b>	
23c. DATE SIGNED <b>12-9-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>12-12-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>English Und.Co.- 1123 N. Taylor</b>	
DATE REC'D BY LOCAL REG. <b>DEC 11 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith md</b>	

G.O. (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 Andrew Richardson Jr

Licensed Embalmer No. 4858

P. O. Address 2625 Blagden

**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.