

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3069**
Registrar's No. **0105**

FILED JAN 28 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 3069		Registrar's No. 0105																	
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 city or town) St. Louis			c. LENGTH OF STAY (in this place) 45 yrs			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2119																
d. FULL NAME OF HOSPITAL OR INSTITUTION Homér G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 3810 Page Blvd.																					
3. NAME OF DECEASED (Type or Print) William			a. (First)			b. (Middle)			c. (Last) Featherstone			4. DATE OF DEATH (Month) (Day) (Year) Jan. 1 1953													
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH 1/22/1882		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 11 Days 9		IF UNDER 1 MIN. Hours Min. 													
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Vanfleet, Mississippi			12. CITIZEN OF WHAT COUNTRY? USA														
13a. FATHER'S NAME Jack Featherstone				13b. MOTHER'S MAIDEN NAME Anna Graham				14. NAME OF HUSBAND OR WIFE Alice																	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 365-01-6287				17. INFORMANT'S SIGNATURE OR NAME Anna Featherstone				ADDRESS 3810 Page Blvd.													
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												INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Stomach												Undet.													
ANTECEDENT CAUSES												DUE TO (b) Undetermined													
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.												DUE TO (c)													
II. OTHER SIGNIFICANT CONDITIONS												Bilateral Inguinal Hernia		Undet.											
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"/>													
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) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 151X																		
22. I hereby certify that I attended the deceased from 12-4 , 19 52 , to 1-1 , 19 53 , that I last saw the deceased alive on 1-1 , 19 53 , and that death occurred at 12:15 a.m. , from the causes and on the date stated above.																									
23a. SIGNATURE J. H. Brown, D. O.								23b. ADDRESS 2601 N. Whittier St.				23c. DATE SIGNED 1-2-53													
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE 1/6/53		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri																	
DATE REC'D BY LOCAL REG. JAN 5 1953				REGISTRAR'S SIGNATURE Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates				ADDRESS 4107 Finney Avenue													

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 _____

Licensed Embalmer No. 4159

P. O. Address 41077

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.