

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 300  
10-48

FILED APR 4 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3288

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

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)               |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Mo.-St. Louis</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St. Louis</u> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pronounced dead Homer Phillips</u>   |  | d. STREET ADDRESS (If rural, give location) <u>18 11 12 50 Compton Ave.</u>                         |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Beatrice</u> b. (Middle) <u>Armstead</u> c. (Last)   |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-19-1953</u>                               |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>Col</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>                                 | 8. DATE OF BIRTH <u>Not Known</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years: last birthday) (Months) (Days) (Hours) (Min.) <u>About 70</u>      |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>La</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>1</u>   |  |
| 13a. FATHER'S NAME <u>Not Known</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Not Known</u>  | 14. NAME OF HUSBAND OR WIFE <u>Dead</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT'S SIGNATURE OR NAME <u>Denise Wilson</u> ADDRESS <u>112 50 Compton</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, 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) _____<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Semility</u><br>DUE TO (c) <u>Generalized Arteriosclerosis</u> |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Sclerosis</u>   |  |   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY? YES <input 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) (Min.)  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>4500</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>8:30 P. m.</u> , from the causes and on the date stated above.                                 |  |   |  |
| 23. SIGNATURE <u>Robert E. Taylor</u> (Degree or title) <u>Coroner</u>  |  | 23b. ADDRESS <u>1300 Clark</u>  | 23c. DATE SIGNED <u>3-29-53</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>  | 24b. DATE <u>Mar. 30</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale</u>  | 24d. LOCATION (City, town, or county) (State) <u>Lamey MO</u>                        |
| DATE REC'D BY LOCAL REG. <u>MAR 27 1953</u>   | REGISTRAR'S SIGNATURE <u>J. Charles Smith</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Watson</u> ADDRESS <u>2709 Chouteau</u>                   |  |

**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

*J. J. Watson*

Licensed Embalmer No. *2498*

P. O. Address *2769 Charit*

**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.