

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23005

State File No. **5705**

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

300
48

FILED JUN 24 1953 **39400** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2119**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION Homer G. Phillips		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 4133 Evans	
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3. NAME OF DECEASED a. (First) Isaac b. (Middle) _____ c. (Last) McClain			4. DATE OF DEATH (Month) (Day) (Year) 5 21 53		
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH 5-20-53	9. AGE (In years last birthday) 13	IF UNDER 1 YEAR 1 MONTHS IF UNDER 28 DAYS 13 DAYS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME Henry McClain	13b. MOTHER'S MAIDEN NAME Elzia McClain	14. NAME OF HUSBAND OR WIFE _____
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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 Mary D. Jett, O.A.R.	ADDRESS 2601 N. Whittier
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Atelectasis 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.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? 7620
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22. I hereby certify that I attended the deceased from 5-20-1953 to 5-21-1953, that I last saw the deceased alive on 5-21-1953, and that death occurred at 10:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. D.	23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 5-27-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE 6-30-53	24c. NAME OF CEMETERY OR CREMATORY Anatomical Home	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. JUN 9 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service ADDRESS _____
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M.D.B. (Licensed Embalmer's Statement) 104 Manchester Ave.

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. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.