

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27072

126
FILED JUL 31 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

State File No. _____
Registrar's No. 6720

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Clark</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Pronounced dead Homer Phillips		e. STREET ADDRESS (If rural, give location) <i>2201</i>	

3. NAME OF DECEASED (Type or Print) <i>Wm. Negro Male</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>June 14 1953</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Clark</i>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY? <i>Clark</i>

13a. FATHER'S NAME <i>Clark</i>	13b. MOTHER'S MAIDEN NAME <i>Clark</i>	14. NAME OF HUSBAND OR WIFE <i>Clark</i>
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <i>Clark</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>BE Taylor Coronet 1300 Clark</i>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Body badly decomposed; No</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>evidence of trauma; when found in Mississippi River at Ft. of B. in the</i>		
	DUE TO (c) <i>June 14, 1953 about 5:15 PM</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>Time, place cause and</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Wanneres of same could not be ascertained</i>	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) <i>795.3</i>
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 *5:45 P* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>BE Taylor Coronet 3</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>4 July 53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	24b. DATE <i>7-7-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Lebanon Cemetery</i>
DATE REC'D BY LOCAL REG. <i>JUL 7 1953</i>	REGISTRAR'S SIGNATURE <i>Richard Smith MD</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>
	25. FUNERAL DIRECTOR'S SIGNATURE <i>Peoples Und. Co.</i>	ADDRESS <i>3100 Franklin Ave.</i>

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..

BURIED BY CITY

Student.....
Signature of 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 with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.