

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30344**
Registrar's No. **7359**

FILED AUG 20 1953

BIRTH NO. **47640** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY 0120 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 1 hr. 48 mins. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips | | e. STREET ADDRESS (If rural, give location) 1904 McCalland Ave. | |

| | | | | | |
|--|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Prince b. (Middle) c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) 6 30 53 | | |
| 5. SEX Female | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0 | |
| 8. DATE OF BIRTH 6-30-53 | | 9. AGE (In years last birthday) 1 1/8 | | 10. MONTHS 0 DAYS 1 MIN. 18 | |
| 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 0 | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME Dorothy Prince | |
| 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) | | 16. SOCIAL SECURITY NO. | |

| | | | |
|--|--|--|--|
| 17. INFORMANT'S SIGNATURE OR NAME <i>William H. Simbler</i> | | ADDRESS 2601 N. Whittier St. | |
|--|--|--|--|

| | | | | | |
|--|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES | | DUE TO (b) _____ | | _____ | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) _____ | | _____ | |
| II. OTHER SIGNIFICANT CONDITIONS: 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 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) 776 X | |
| 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? | |

22. I hereby certify that I attended the deceased from **6-30**, 19**53**, to **6-30**, 19**53** that I last saw the deceased alive on **6-30**, 19**53**, and that death occurred at **5:54 Pm.**, from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|--------------------------------------|--|
| 23a. SIGNATURE <i>William H. Simbler</i> | | (Degree or title) M. D. | | 23b. ADDRESS 2601 N. Whittier | |
| 23c. DATE SIGNED 7-14-53 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 7-31-53 | |
| 24c. NAME OF CEMETERY OR CREMATORY Anatomical Route | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | | |

| | | | | | |
|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. AUG 29 1953 | | REGISTRAR'S SIGNATURE <i>J. Carl Smith</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service | |
| | | | | ADDRESS 1101 Manchester Ave. | |

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

4100

BE TO WITH

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 with the above constitutes grounds for revocation of license.)

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