

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33387**  
**8561**  
Registrar's No.

FILED SEP 24 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Homer G. Phillips Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>2219 2629 Stoddard</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Tom</b>		b. (Middle) _____		c. (Last) <b>Henry</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8-31-53</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>COLORED</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>OCT. 15, 1884</b>	
9. AGE (In years last birthday) <b>68 YRS 10</b>		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>CANTON MISS.</b>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown Virginia</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Ms Virginia Henry</b> ADDRESS <b>3216 Magazine</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probable Carcinoma Liver</b>				INTERNAL BETWEEN ONSET AND DEATH <b>Undt.</b>	
		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. <b>Nephro-Sclerosis with Uremia</b>				<b>Undt.</b>	
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) <b>1561</b>			
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 <b>8-3, 1953</b> , to <b>8-31, 1953</b> , that I last saw the deceased alive on <b>8-31, 1953</b> , and that death occurred at <b>6:55A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Earl Belle Smith, M.D.</b>				23b. ADDRESS <b>2601 N. Whittier</b>		23c. DATE SIGNED <b>9-1-53</b>	
24a. BURIAL, CREMATION REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>9-4-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAK DALE CEM</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CTY MO</b>	
DATE REC'D BY LOCAL REG. <b>SEP 8 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W.A.F. WALTON 2707 STODDARD ST</b>			

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

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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.....  
Signature of Student Embalmer

Signed *Arthur L. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *4524 Aldin*

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.