S. No. 300
Rev. 10.48

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

FILED NOV 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10468

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10698

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST LOUIS
c. LENGTH OF STAY (in this place) 3yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION En Route Homer G Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY 2229
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST LOUIS 0
d. STREET ADDRESS (If rural, give location) 2236 Hickory

3. NAME OF DECEASED (Type or Print) a. (First) Gracie b. (Middle) c. (Last) Gaines
4. DATE OF DEATH (Month) 11 (Day) 6 (Year) 1953
5. SEX Fe 3
6. COLOR OR RACE Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 1904
9. AGE (In years last birthday) 49 If under 1 year: Months Days If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Mississippi
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Robert Williams
13b. MOTHER'S MAIDEN NAME Hattie Fields
14. NAME OF HUSBAND OR WIFE Willie Roberts
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 C.B. Roberts ADDRESS 1751 Adams

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ascites — 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) Hydro-Thorax

DUE TO (c) Cardiac Hypertrophy

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 ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 434/3

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* 2:55 *m., from the causes and on the date stated above.*

23a. SIGNATURE Patrick J. Taylor (Degree or title) Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 11/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11-11-53
24c. NAME OF CEMETERY OR CREMATORY Oakdale Cem
24d. LOCATION (City, town, or county) (State) St Louis County

DATE REC'D BY LOCAL REG. NOV 10 1953
REGISTRAR'S SIGNATURE J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Lowe Undertaking Co. ADDRESS 2930 Dickson
(Licensed Embalmer's Statement on Reverse Side)

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 ..... Signed .....
Student Embalmer

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.

Gus Lowe
per A. L. Hellard