

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44172**
Registrar's No. **11728**

FILED DEC 17 1953

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 Missouri b. COUNTY					
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis		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: Homer G. Phillips		e. STREET ADDRESS (If rural, give location) 25 1628 Gay 225/8					
3. NAME OF DECEASED (Type or Print) Fred		a. (First) Fred		b. (Middle) Douglas			
c. (Last) Douglas		4. DATE OF DEATH (Month) (Day) (Year) 12 9 53					
5. SEX M.		6. COLOR OR RACE col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH 5-1-1895		9. AGE (In years last birthday) 60		# UNDER 1 YEAR Months Days			
# UNDER 1 HR. Hours		# UNDER 1 MIN. Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Disable Vet.		11. BIRTHPLACE (City and State or Foreign Country) Lake Providence La.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Fred Douglas sr.		13b. MOTHER'S MAIDEN NAME Delila Crawford			
14. NAME OF HUSBAND OR WIFE Edna Douglas		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) War		16. SOCIAL SECURITY NO. 489-22-3766			
17. INFORMANT'S SIGNATURE OR NAME Calvin Williams		ADDRESS 2723 Dickson St					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung Abscess (Etiology undetermined) 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 Hypertensive Cardio Vascular Disease Pulmonary emphysema Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH UND'T.	
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)			
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? 521X			
22. I hereby certify that I attended the deceased from 12/5/1953 , to 12/9/1953 , that I last saw the deceased alive on 12/9/1953 , and that death occurred at 1:20P.m. , from the causes and on the date stated above.							
23a. SIGNATURE E.S. Williams		(Degree or title) M.D.		23b. ADDRESS 2601 N. Whittier			
23c. DATE SIGNED 12/10/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-14-53			
24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jesserson Baricks, Mo.					
DATE REC'D BY LOCAL REG. DEC 11 1953		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Gus Howe			
				ADDRESS 2930 Dickson St.			

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

FEB 3 1961

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 R. Billiard*.....

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.