

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44509**
11953

FILED JAN 5 1954

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 50 yrs.	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips		d. Is residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 4461 Page	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Ora	c. (Last) Tolbert	4. DATE OF DEATH (Month) (Day) (Year)
				12 16 53

5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11/1/1886	9. AGE (In years last birthday) 67	# UNDER 1 YEAR 1	# UNDER 1 YEAR 15	# UNDER 1 MIN. _____
--------------------	-------------------------------	---	-----------------------------------	---	-------------------------	--------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance	10b. KIND OF BUSINESS OR INDUSTRY Pvt. family	11. BIRTHPLACE (City and State or Foreign Country) Moeberry, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	--	--	--

13a. FATHER'S NAME George Tolbert	13b. MOTHER'S MAIDEN NAME Sarah Bagby	14. NAME OF HUSBAND OR WIFE Daisy Tolbert
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. WW I 494-01-7336	17. INFORMANT'S SIGNATURE OR NAME Lucille Dunlap	ADDRESS 4461 Page Blvd.
--	---	---	--------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unt'd.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease Cerebral Thrombosis		
	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. Diabetes Mellitus			

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200
--	--	--

22. I hereby certify that I attended the deceased from **12/8/1953**, to **12/16/1953**, that I last saw the deceased alive on **12/16/1953**, and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. B. Williams M.D.	23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 12/17/53
---	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/21/53	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
--	---------------------------	---	--

DATE REC'D BY LOCAL REG. DEC 19 1953	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates	ADDRESS 4107 Finney Ave
---	---	--	--------------------------------

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..

Student.....
Signature of Student Embalmer

Signed *Arthur L. Hilliard*.....

Licensed Embalmer No. 4221.....

P. O. Address 4107 Finney.....

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.