

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45238**
Registrar's No. **12112**

FILED JAN 19 1954

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 Mo b. COUNTY 2119	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 30 yrs.		d. STREET ADDRESS (If rural, give location) 4335 N. Market St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Calvin b. (Middle) c. (Last) Chears		4. DATE OF DEATH (Month) (Day) (Year) 12-21-53	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 12-1-1867
9. AGE (In years last birthday) 86	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborev	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ashland Miss.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unk	
13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Moses Chears		ADDRESS 4335 N. Market St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Fr of left femur; atherosclerosis while he fell in his house about 9:30 pm Dec 14 1953			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr of left femur; atherosclerosis while he fell in his house about 9:30 pm ANTECEDENT CAUSES Dec 14 1953 DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Dec 14 1953 Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) House		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 14 53 9:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E9040			
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 300 ft. m., from the causes and on the date stated above. 21			
23a. SIGNATURE (Degree or title) Patrick F. Taylor, Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12.23.53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 12-24-53		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Manuel Und. Co.	
25. ADDRESS 4059 Finney		DATE REC'D BY LOCAL REG. DEC 23 1953	
REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Manuel Und. Co.	

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

Student Embalmer

Signed

H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.