

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

45496

FILED JAN 19 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

State File No. 12268
 Registrar's No.

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|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>0</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> | 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: <u>Homer G. Phillips</u> | | e. STREET ADDRESS (If rural, give location) <u>22 1431 Papin</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) c. (Last) <u>Phillips</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 25 53</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>June 4, 1895</u> |
| 9. AGE (In years last birthday) <u>58</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Talahassee County, Miss.</u> |
| 12. CITIZEN OF WHAT COUNTRY? | | 13. FATHER'S NAME <u>Ben Jones</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Lovenia Patterson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Willie Scife</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>429425352</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Cora Lee Hooper</u> | | ADDRESS <u>1431 Papin</u> | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> 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 <u>Cerebral Vascular accident</u> 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 <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? <u>153x</u> | | 22. I hereby certify that I attended the deceased from <u>10/19/</u> , 19 <u>53</u> , to <u>12/25/</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12/25/</u> , 19 <u>53</u> , and that death occurred at <u>3:00 Pm.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>Earl Bell Smith</u> (Degree or title) <u>MD.</u> | | 23b. ADDRESS <u>201 N. Whittier</u> | |
| 23c. DATE SIGNED <u>12/26/53</u> | | 24a. BURNAL, CREMATION, REMOVAL (Specify) | |
| 24b. DATE <u>Dec. 29, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Lemay, Missouri</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Koone</u> ADDRESS <u>1221 N. Grand</u> | |
| DATE REC'D BY LOCAL REG. <u>DEC 29 1953</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | |

WRITE PLAINLY—USING UNFADEING 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..... *Guyton Swan*

Licensed Embalmer No. *4580*

P. O. Address *221 N. Main*

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.