

STANDARD CERTIFICATE OF DEATH

State File No. **10103**
2705

FILED APR 2 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 2119	
b. CITY (If outside corporate limits, write RURAL and give township) 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 Hospital		e. STREET ADDRESS (If rural, give location) 4059a Cook	

3. NAME OF DECEASED (Type or Print) Leroy Prince			a. (First) Henry	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 3 19 54			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 7, 1891		9. AGE (In years last birthday) 62	# UNDER 1 YEAR (Months) 9	# UNDER 1 YEAR (Days) 12	# UNDER 1 Mth. (Hours) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chiroprapist		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) New Albany Miss.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Austin Henry	13b. MOTHER'S MAIDEN NAME Georgia (?)	14. NAME OF HUSBAND OR WIFE Ella Mae Henry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Dennis	ADDRESS 4059a Cook Ave.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno Carcinoma of Caecum with Metastasis		INTERVAL BETWEEN ONSET AND DEATH Undt.
	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. Dehydration; Malnutrition		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 153X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-30**, 19**54**, to **3-19**, 19**54**, that I last saw the deceased alive on **3-19**, 19**54**, and that death occurred at **8:47 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl Belle Smith M.D.	23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 3-20-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/26/54	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.
		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. MAR 24 1954	REGISTRAR'S SIGNATURE Carl Belle Smith	25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gatas	ADDRESS 4107 Finney Ave.
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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. Hollister*

Licensed Embalmer No. *422*

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.