

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 30 1954

State File No. **10324**
Registrar's No. **2560**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2560			
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 OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) _____		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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 21 1907 Franklin					
3. NAME OF DECEASED (Type or Print) Marshall			a. (First)		b. (Middle)		c. (Last) Outlaw		
4. DATE OF DEATH		(Month) 3		(Day) 16		(Year) 54			
5. SEX M		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Sept. 8, 1903			
9. AGE (In years last birthday) 50		10. MONTHS 6		11. BIRTHPLACE (City and State or Foreign Country) West Point, Mississippi		12. CITIZEN OF WHAT COUNTRY? _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Valley Constr. Co.						
13a. FATHER'S NAME Charlie Outlaw			13b. MOTHER'S MAIDEN NAME Mary ?			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 99 01 2645		17. INFORMANT'S SIGNATURE OR NAME Marie Outlaw, 3332 Bell				
17. ADDRESS _____			18. CAUSE OF DEATH						
Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstructive Emphysema; Coronary Pulmonale Undt.			INTERVAL BETWEEN ONSET AND DEATH _____						
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			Cerebral Thrombosis						
II. OTHER SIGNIFICANT CONDITIONS			DUE TO (b) _____						
Conditions contributing to the death but not related to the disease or condition causing death.			DUE TO (c) _____						
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21d. (COUNTY) _____			
21e. (STATE) _____		21f. HOW DID INJURY OCCUR? 332X							
21g. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21h. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from 2-17 , 1954 , to 3-16 , 1954 , that I last saw the deceased alive on 3-16 , 1954 , and that death occurred at 4:50 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) E. B. Williams, M.D.				23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 3-17-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 22, 1954		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 20 1954		REGISTRAR'S SIGNATURE J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. E. Blance 1221 N. Grand					

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..... *Gustav Swen*
Licensed Embalmer No. *458*
P. O. Address *1221 N. 1st St.*

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.