

FILED JUL 26 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24716**
Registrar's No. **6211**

318

PRIMARY REG. DIST. NO. 1003

REG. DIST. NO.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REG. DIST. 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) _____		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) 1305 North Jefferson			
3. NAME OF DECEASED (Type or Print) Sam		a. (First)		b. (Middle)		c. (Last) Irons	
4. DATE OF DEATH		(Month) 7		(Day) 7		(Year) 54	
5. SEX M		6. COLOR OR RACE C		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-9 1901	
9. AGE (In years last birthday) 53 yrs 4 28		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIRE CHANGER		10b. KIND OF BUSINESS OR INDUSTRY SERVICE STA.		11. BIRTHPLACE (City and State or Foreign Country) MISS.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME SAM IRONS		13b. MOTHER'S MAIDEN NAME HATTIE BROWN		14. NAME OF HUSBAND OR WIFE CARRIE IRONS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Carrie Irons ADDRESS 1305 N. Jefferson			
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) Hypertensive Cardiovascular Disease with Encephalopathy and Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH Undt.	
II. OTHER SIGNIFICANT CONDITIONS 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? 443x			
22. I hereby certify that I attended the deceased from 5-30 , 19 54 , to 7-7 , 19 54 , that I last saw the deceased alive on 7-7 , 19 54 , and that death occurred at 11:35Am. , from the causes and on the date stated above.							
23a. SIGNATURE Earl B. Williams (Degree or title) M.D.				23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 7-8-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 7-9-54		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PK		24d. LOCATION (City, town, or county) (State) ST LOUIS CO MO	
DATE REC'D BY LOCAL REG. JUL 9 1954		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE A. J. Walton		ADDRESS 2207 Stoddard	

(Licensed Embalmer's Statement on Reverse Side)

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 *W. Claude Gordon*

Licensed Embalmer No. *348*

P. O. Address *4575 Al*

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.