

STANDARD CERTIFICATE OF DEATH

No. 300
10-48

FILED JAN 18 1955

State File No.

BIRTH NO. 93825-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12043

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|---|--|--|--|
| 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| c. LENGTH OF STAY (in this place) 1 1/2 hrs 2 min | | d. STREET ADDRESS (If rural, give location) 21 2333 a Franklin | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips | | 4. DATE OF DEATH (Month) (Day) (Year) 12 16 54 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) West b. (Middle) c. (Last) | | 5. SEX Male | |
| 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0 | |
| 8. DATE OF BIRTH 12-16-54 | | 9. AGE (in years last birthday) 14 2 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Joe West | | 13b. MOTHER'S MAIDEN NAME Earline Dean | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Arthur M. Shurard | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Premature birth, neonatal death | | ADDRESS 2601 N. Whittier | |

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|--|--|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Premature birth, neonatal death | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth, neonatal death | | ANTECEDENT CAUSES | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | 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. | | 19a. DATE OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 19b. MAJOR FINDINGS OF OPERATION | | 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) m. | | 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 12-16 , 19 54 to 12-16 , 19 54 , that I last saw the deceased alive on 12-16 , 19 54 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above. | | | |

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| 23a. SIGNATURE William H. Linkler, M.D. | | (Degree or title) | | 23b. ADDRESS 2601 N. Whittier | | 23c. DATE SIGNED 12 22 54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 1-31-55 | | 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. JAN 11 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Kowland-Aker Mortuary Service | | ADDRESS 4104 Manchester Ave. Louis 10, Mo. | |

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.....

Licensed Embalmer No.....

P. O. Address.....

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.