

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2350

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. #10

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **MO.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS** c. LENGTH OF STAY (In this place) **0**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**

d. FULL NAME OF HOSPITAL OR INSTITUTION **HOMER G. PHILLIPS 2109** d. STREET ADDRESS (If rural, give location) **4430 ELM BANK**

3. NAME OF DECEASED (Type or Print) a. (First) **GENERAL** b. (Middle) \_\_\_\_\_ c. (Last) **BOOKER** 4. DATE OF DEATH (Month) (Day) (Year) **1 2 55**

5. SEX **MALE** 6. COLOR OR RACE **COLORED** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **9-12-1884** 9. AGE (In years last birthday) **70** 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) **NONE** 10b. KIND OF BUSINESS OR INDUSTRY **NONE** 11. BIRTHPLACE (State or foreign country) **MISSISSIPPI** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JUDGE BOOKER** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **CARRIE BOOKER**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Carrie Booker 4430 Elm Bank**

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) **Graeco Pneumonia**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) \_\_\_\_\_  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

18. CAUSE OF DEATH (continued)  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **H9IX** 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **100A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Patrick C. Taylor Coroner** 23b. ADDRESS **300 Clark** 23c. DATE SIGNED **1.3.55.**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **1-8-55** 24c. NAME OF CEMETERY OR CREMATORY **OAKDALE CEM.** 24d. LOCATION (City, town, or county) (State) **LEMAV MO**

DATE REC'D BY LOCAL REG. **JAN 3 1955** REGISTRAR'S SIGNATURE **J. Carl Smith MO** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **McCLAIN'S FUNERAL 1706 N. SARAH 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

*Leroy H. Jannister*

Licensed Embalmer No.

*4523*

P. O. Address

*3855 Epston*

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.