

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 13 1955

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1003

State File No. 13704
3723

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <i>Saint Louis</i> | | c. CITY OR TOWN <i>Saint Louis</i> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G. Phillips</i> | | STREET ADDRESS (If rural, give location) <i>1019 a/Wandevanter</i> | |
| 3. NAME OF DECEASED a. (First) <i>Effie</i> (Type or Print) | | b. (Middle) <i>Morris</i> | c. (Last) |
| 5. SEX <i>Female</i> | | 6. COLOR OR RACE <i>Negro</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i> | | 10b. KIND OF BUSINESS OR INDUSTRY | 8. DATE OF BIRTH <i>May 11, 1886</i> |
| 13a. FATHER'S NAME <i>Unknown</i> | | 13b. MOTHER'S MAIDEN NAME <i>Unknown</i> | 9. AGE (In years last birthday) <i>68</i> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. | 4. DATE OF DEATH (Month) (Day) (Year) <i>4 25 1955</i> |
| 17. INFORMANT'S SIGNATURE OR NAME <i>Ondray Gray</i> | | ADDRESS <i>39 1/4 Aldine</i> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <i>Murray, Kentucky</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | |
| 14. NAME OF HUSBAND OR WIFE | | 19. DATE OF OPERATION | |

| | | | | |
|---|--|---|--|--|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardio Vascular Disease</i> | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES Morbidity 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. | | |
| 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <i>4222</i> |

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 *435A* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *Patrick C. Taylor Coroner* 23b. ADDRESS *1300 Clark* 23c. DATE SIGNED *4.27.55*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Removal* 24b. DATE *4-28-55* 24c. NAME OF CEMETERY OR CREMATORY *Oakdale Cemetery* 24d. LOCATION (City, town, or county) (State) *St. Louis County, Mo.*

DATE REC'D BY LOCAL REG. *APR 27 1955* REGISTRAR'S SIGNATURE *Paul Smith MD* 25. FUNERAL DIRECTOR'S SIGNATURE *Metropolitan Funeral System, Inc.* ADDRESS *5010 Enright Avenue*

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 *Paul V. Freeman*

Licensed Embalmer No. *4686*

P. O. Address *4729 Hammer*

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.