

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16622**  
Registrar's No. **4098**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

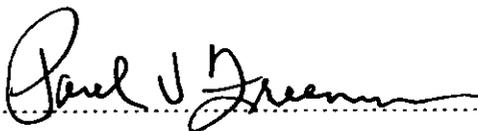
BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>16622</b>		Registrar's No. <b>4098</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		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 <b>Homer G. Phillips Hospital</b>				STREET ADDRESS (If rural, give location) <b>5 1148 Blackstone</b>		<b>20590</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b>			b. (Middle) _____			c. (Last) <b>FLOURNOY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 5 55</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>9/15/1895</b>		9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	IF UNDER 4 HRS. Hours _____	Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Congress Apt</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Alabama</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>				
13a. FATHER'S NAME <b>Thomas Flournoy</b>			13b. MOTHER'S MAIDEN NAME <b>Mattie Manuel</b>			14. NAME OF HUSBAND OR WIFE <b>XXXXXXXXXXXXXXXXXXXX</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>World War I</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rosie Mullens 4227W. Finney</b>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Essential Hypertension</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>		
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>792x</b>						
22. I hereby certify that I attended the deceased from <b>5-2-</b> , 19 <b>55</b> , to <b>5-5-</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>5-5-</b> , 19 <b>55</b> , and that death occurred at <b>6:45p.m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>Edw. B. Williams</b>				23b. ADDRESS <b>2601 N. Whittier Street</b>		23c. DATE SIGNED <b>5-7-55</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>12 May 55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>				
DATE REC'D BY LOCAL REG. <b>MAY 9 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Reliable Funeral Sys. 1221N. Taylor</b>						

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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  .....

Licensed Embalmer No. 4686

P. O. Address 4729 Ham

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.