

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23738
5518

FILED AUG 2-1955

State File No.

BIRTH NO. 38785-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's 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) 20 days		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Thomas G. Phillips Hospital			STREET ADDRESS (If rural, give location) 11 1802 Wagoner			
3. NAME OF DECEASED (Type or Print) a. (First) Rezon b. (Middle) Ellis c. (Last) Foreman			4. DATE OF DEATH (Month) (Day) (Year) 6 20 55			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>		
8. DATE OF BIRTH 5-31-1955		9. AGE (In years last birthday) 20		IF UNDER 1 YEAR Days 20 IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Cleveland Foreman		13b. MOTHER'S MAIDEN NAME Shirley Ann Little		
14. NAME OF HUSBAND OR WIFE		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 <i>Shirley Ann Foreman</i>			ADDRESS <i>1820 Wagoner</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)						
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Premature birth, neonatal death						
2. ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
3. 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? 7735		
22. I hereby certify that I attended the deceased from 5-31 , 19 55 , to 6-20 , 19 55 , that I last saw the deceased alive on 6-20 , 19 55 , and that death occurred at 4:20 a.m. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <i>William H. Sinkler, M.D.</i>			23b. ADDRESS 2601 N. Whittier St.		23c. DATE SIGNED 6-22-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6/25/55		24c. NAME OF CEMETERY OR CREMATORY Boyer Washington		
24d. LOCATION (City, town, or county) (State) Centerville, Miss.						
DATE REC'D BY LOCAL REG. JUN 25 1955		REGISTRAR'S SIGNATURE <i>Earl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Earl Smith</i> ADDRESS 111 N. 13th		

(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 *P. J. Cash*.....

Licensed Embalmer No. *243*

P. O. Address *3847 Pa*

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.