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FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24011

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5554

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <u>Romer G. Phillips</u>		e. STREET ADDRESS (If rural, give location) <u>1418 Travis 22190</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Dane</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1956</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>3 Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>June 22, 1893</u>		9. AGE (in years last birthday) <u>62</u>		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>			12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME <u>Unkleson</u>		13b. MOTHER'S MAIDEN NAME <u>Unkleson</u>		14. NAME OF HUSBAND OR WIFE <u>John Lane</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Johnnie Lane - 1418 Travis</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diffuse peritonitis;</u> ANTECEDENT CAUSES <u>secondary to perforation of large bowel.</u> DUE TO (b) <u>Carcinoma of Rectum</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>154 X</u>	

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 1230 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>James M. Keeley</u> (Type or Print)		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>6.27-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 27, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Jackson Kirkwood, Missouri</u>	
24d. LOCATION (City, town, or county) (State)		25. EMBALMER'S SIGNATURE <u>Carl Smith mo</u>		25. EMBALMER'S ADDRESS <u>E. B. Lauer, 12219 Grand</u>	
DATE REC'D BY LOCAL REG. <u>JUN 27 1955</u>		REGISTRAR'S SIGNATURE		ADDRESS	

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 *Melvin Blum*

Licensed Embalmer No: 396

P. O. Address: 22/1/16

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.