

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

24489

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5547

| | | | | | | | | | | | |
|---|--|--|---|---|---|---|---|---|--|--|--|
| 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 OR TOWN <u>St. Louis</u>) | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>St. Louis</u> | | 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 <u>Homer G. Phillips</u> | | | | STREET ADDRESS (If rural, give location) <u>4235 W. Finney</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Sandy</u> | | | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1955</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>May 20, 1889</u> | | | | | |
| 9. AGE (in years last birthday) <u>66</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 10 HRS. Hours Min. | | | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Madison, Mississippi</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | | | |
| 13a. FATHER'S NAME <u>Bradley Tyler</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Hunter</u> | | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WWI</u> | | | 16. SOCIAL SECURITY NO. <u>unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leanna Edmond, 1010 N. Newstead</u> | | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Undt</u> | | | |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> | | | | | | | |
| | | | | ANTECEDENT CAUSES | | | | | | | |
| | | | | <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Alcoholism</u> | | | | | | | | | | | |
| 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? <u>490x</u> | | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>June 20, 1955</u> , to <u>June 24, 1955</u> , that I last saw the deceased alive on <u>June 24, 1955</u> , and that death occurred at <u>3:50a m.</u> , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Edward B. Williams M. D.</u> | | | | 23b. ADDRESS <u>2601 N. Whittier</u> | | 23c. DATE SIGNED <u>6-27-55</u> | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>6/29/1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u> | | | | | |
| DATE REC'D BY LOCAL REG. <u>JUN 27 1955</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles J. Gates, 4107 Finney Ave.</u> | | | | | | | |

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 Arthur L. Finney

Licensed Embalmer No. 4221

P. O. Address 4107 Finney

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.