

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

42317

318

1003

10664

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>Missouri</i> b. COUNTY | |
| b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <i>St. Louis</i> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <i>St. Louis</i> | 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 in hospital or institution, give street address or location) <i>Homer G. Phillips</i> | | e. STREET ADDRESS (If rural, give location) <i>910 N. Leonard 22190</i> | |

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| 3. NAME OF DECEASED (Type or Print). a. (First) <i>Ray</i> | b. (Middle) | c. (Last) <i>Lee</i> | 4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 2, 1950</i> |
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| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>Negro</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i> | 8. DATE OF BIRTH <i>July 4, 1880</i> | 9. AGE (In years last birthday) <i>75</i> | 10. IF UNDER 1 YEAR Days | 11. IF UNDER 24 HRS. Hours | 12. IF UNDER 1 MIN. Min. |
|----------------------|-------------------------------|---|--------------------------------------|---|--------------------------|----------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Occupation of work during most of working life, even if retired) <i>Housewife</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>None</i> | 11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i> | 12. CITIZEN OF WHAT COUNTRY? <i>USA</i> |
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| 13a. FATHER'S NAME <i>Charles Gregg</i> | 13b. MOTHER'S MAIDEN NAME <i>Mariah</i> | 14. NAME OF HUSBAND OR WIFE <i>Unknown</i> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war and date of service) <i>No</i> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <i>Estelle Burks</i> | 18. ADDRESS <i>910 N. Leonard</i> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Sclerosis</i> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized Arterio</i> DUE TO (c) <i>sclerosis</i> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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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 _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>James M. Kelly</i> (Degree or title) <i>Physician</i> | 23b. ADDRESS <i>1300 Clark</i> | 23c. DATE SIGNED <i>12-6-55</i> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <i>Dec. 9, 1955</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Oakdale</i> | 24d. LOCATION (City, town, or county) (State) <i>Lemay, Missouri</i> |
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| DATE REC'D BY LOCAL REG. <i>DEC 6 1955</i> | REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>G. B. Bouce</i> | ADDRESS <i>1221 N. Broad</i> |
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WRITE PLAINLY—USING 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 *M. Blum Blackburn*.....

Licensed Embalmer No. *396*.....

P. O. Address *221 North*.....

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.