

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6178

FILED FEB 17 1956

State File No. _____
Registrar's No. 1063

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. _____		Registrar's No. <u>1063</u>			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).						
a. COUNTY <u>St. Louis</u>					a. STATE <u>Missouri</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>					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>					e. STREET ADDRESS (If rural, give location) <u>21 1309 N. Jefferson Ave</u>						
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX			6. COLOR OR RACE		
a. (First) <u>Willie B.</u>			b. (Middle) <u>Tillman</u>			c. (Last) <u>Bonner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 26 56</u>		
(Type or Print)											
5. SEX <u>F.</u>			6. COLOR OR RACE <u>Col.</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>			8. DATE OF BIRTH <u>6 - 10 - 1912</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>P. N. Nurse</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>William Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Separated</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>Mamie Dawson Cotton</u>			ADDRESS <u>1309 1/2 N. Jefferson Ave</u>		
18. CAUSE OF DEATH			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>1. Pulmonary congestion; 2. Decubitus ulcers.</u>								
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			Fracture of right femur, suffered in collision between car operated by one George Bonner, col.) in which DUE TO (b) deceased was a passenger and unknown car on State Highway #3 south of E. St. Louis, Ill. DUE TO (c) about 6:00 P.M. Dec. 18, 1955. CASSE								
			Mortid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
			II. OTHER SIGNIFICANT CONDITIONS AND MANNER OF SAME COULD NOT BE DETERMINED. OPEN VERDICT								
			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 checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE <u>A</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) <u>212</u> (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>E 8169</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 <u>12:15 P.</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Frank E. Taylor</u>					23b. ADDRESS <u>1301 Clark</u>			23c. DATE SIGNED <u>1-31-56</u>			
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>			24b. DATE <u>2-2-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis County, MO.</u>			
DATE REC'D BY LOCAL REG. <u>JAN 31 1956</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>GUS HOWE</u>			ADDRESS <u>2930 Dickson St.</u>			

S.P. (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 *Leroy U. Gannister*.....

Licensed Embalmer No. *452*

P. O. Address *3880 East*

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.