

FILED MAR 5 1956

318

1003

State File No.

1948

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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) _____		c. CITY OR TOWN St. Louis		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 Homer G. Phillips Hospital				STREET ADDRESS (If rural, give location) 4220 W. Evans				2190			
3. NAME OF DECEASED (Type or Print) a. (First) Bessie			b. (Middle) _____			c. (Last) Jones					
4. DATE OF DEATH (Month) (Day) (Year) 2 23 56		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 3-5-1896			
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 11 Days 18		IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY at home			
11. BIRTHPLACE (City and State or Foreign Country) Dalleville, Miss.				12. CITIZEN OF WHAT COUNTRY? U.S.				13a. FATHER'S NAME Johnnie Clayton			
13b. MOTHER'S MAIDEN NAME Victory Cole				14. NAME OF HUSBAND OR WIFE Deceased				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mary Elizabeth Hicks						ADDRESS 1117 N. Compton			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cecum with Metastases				INTERVAL BETWEEN ONSET AND DEATH Undt.			
II. ANTECEDENT CAUSES _____				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
III. 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? _____							
22. I hereby certify that I attended the deceased from 2-6 , 19 56 , to 2-23 , 19 56 , that I last saw the deceased alive on 2-23 , 19 56 , and that death occurred at 12:55a. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Frank O. Richards, M.D.				23b. ADDRESS 2601 N. Whittier				23c. DATE SIGNED 2-23-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-29-56		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					
DATE REC'D BY LOCAL REG. FEB 24 1956		REGISTRAR'S SIGNATURE J. Carl Smith MO				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Peoples Und. Co. 3100 Franklin Av.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *W. Claude Gordon*

Licensed Embalmer No. *348*

P. O. Address *4575A*

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.