

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6799**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **752**

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. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips Hospital		STREET ADDRESS (If rural, give location) 4180 W. Belle	
3. NAME OF DECEASED (Type or Print) a. (First) M. b. (Middle) A. c. (Last) Lathon		4. DATE OF DEATH (Month) (Day) (Year) 1 19 56	
5. SEX 2		6. COLOR OR RACE 2 Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH March 3 1888	
9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Months 10	
11. IF UNDER 24 HRS. Days 1 Hours 19 Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Thrillkill		13b. MOTHER'S MAIDEN NAME Miller	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME James Lathon	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS 2738 Walnut	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease with Decompensation		INTERVAL BETWEEN ONSET AND DEATH Undt.	
ANTECEDENT CAUSES		II. OTHER SIGNIFICANT CONDITIONS	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443x	
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 1-15 , 19 56 , to 1-19 , 19 56 , that I last saw the deceased alive on 1-19 , 19 56 , and that death occurred at 12 Noon , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Edw. B. Williams, M.D.		23b. ADDRESS 2601 N. Whittier	
23c. DATE SIGNED 1-19-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Jan. 27 1956		24c. NAME OF CEMETERY OR CREMATORY Father Dickson	
24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE E. S. Koonce	
DATE REC'D BY LOCAL REG. JAN 23 1956		ADDRESS 1221 N. Grand	

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.....
Malvin Blackman

Licensed Embalmer No. *396*
P. O. Address *1221 N. 2nd*

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.