

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **25154**
6380

FILED JUL 20 1956

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Honor G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 21 2028 Carr St.	
3. NAME OF DECEASED (Type or Print) Willie		4. DATE OF DEATH (Month) (Day) (Year) 7 4 56	
5. SEX Male		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH June 29 1893	
9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Days 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) MISS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE Truler MINTZ		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Truler Mintz	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Syphilitic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH Undet.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Cerebral Thrombosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1023x	
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 6-25 , 19 56 , to 7-4 , 19 56 , that I last saw the deceased alive on 7-4 , 19 56 , and that death occurred at 1:05pm. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Hugh Waters M.D.		23b. ADDRESS 2601 N. Whittier St.	
23c. DATE SIGNED 7-5-56		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE 7-9-56		24c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON KIRKWOOD	
24d. LOCATION (City, town, or county) (State) MO		25. FUNERAL DIRECTOR'S SIGNATURE R.F. Walters	
DATE REC'D BY LOCAL REG. JUL 7 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
25. ADDRESS 2207 Stoddard		25. ADDRESS	

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 *W. Claude Gordon*.....

Licensed Embalmer No. *3489*.....

P. O. Address *4575 Alder*.....

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.