

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28578**

FILED AUG 24 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6610**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, state RURAL and give OR TOWN St Louis)		c. CITY OR TOWN St Louis 2259	
c. LENGTH OF STAY (in this place)		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer S. Phillips		e. STREET ADDRESS (If rural, give location) 25 1633 Bay St	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Willie	b. (Middle) Horace	c. (Last)	(Month) 7	(Day) 10	(Year) 56

5. SEX M	6. COLOR OR RACE N	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug 8, 1922	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor	10b. KIND OF BUSINESS OR INDUSTRY labor	11. BIRTHPLACE (City and State or Foreign Country) Quincy County Ark	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Paulie Jefferson	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	INFORMANT'S SIGNATURE OR NAME Paulie Horace		ADDRESS 1621 Franklin
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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, asphyxia, 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) Pulmonary Edema; Compounded Fracture of Left Leg; suffered when struck by auto operated by auto driver, driver, and driver #67 in the City of Quincy, Madison, Ill., on July 8th, 1956. Wife deceased was driving stalled car from highway. Whether an accident or due to carelessness could not be determined.		
	II. OTHER SIGNIFICANT CONDITIONS contributing to the death or related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION carelessness could not be determined	20. AUTOMY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT OR SUICIDE? (Specify) Verdict	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) near Madison	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ill
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jul 8 56 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 212 E 812.4
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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 **8:08 A** m., from the causes and on the date stated above.

23a. SIGNATURE Strick Taylor Cornea	(Degree or title) 3	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 7/10/56
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	24b. DATE 7-16-56	24c. NAME OF CEMETERY OR CREMATORY Washington PK.	24d. LOCATION (City, town, or county) (State) St Louis MO
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DATE REC'D BY LOCAL REG. JUL 16 1956	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE M.A.H. Burks	ADDRESS 3506 Franklin
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(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. Inniate*.....

Licensed Embalmer No... *452*.....

P. O. Address *2616 Ave*.....

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.