

Health,
Welfare,
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1956

35374
STATE FILE NUMBER
8550

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8550

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips			Length of stay in 1b 12		d. STREET ADDRESS 4515 DELMAR St. Louis		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Haymon Middle Last Collier				4. DATE OF DEATH Month 9 Day 9 Year 56			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JUNE 13, 1887		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed			10b. KIND OF BUSINESS OR INDUSTRY TRUCKING		11. BIRTHPLACE (City and state or country) LAWRENCE MISS		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME RUFUS COLLIER				14. MOTHER'S MAIDEN NAME JUDIE ?			
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. NO		17. INFORMANT Address MILDRED BURGESS 4849th EASTON			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia							INTERVAL BETWEEN ONSET AND DEATH Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 491X DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic Pyelonephritis - Renal Insufficiency Hypertension - Arteriosclerotic Heart Disease							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 8-31-56 to 9-9-56 and last saw her alive on 9-9-56 Death occurred at 11:55 p. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Merle B. Keniford (Degree or title)				22b. ADDRESS M. D. 2601N. Whittier		22c. DATE SIGNED 9-14-56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 9/17/56	23c. NAME OF CEMETERY OR CREMATORY OAK Dale Cemetery		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO		
24. FUNERAL DIRECTOR S. J. WATSON ADDRESS 2769 Chouteau			25. DATE RECD. BY LOCAL REG. SEP 17 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. m. g. B.		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
J. H. Jones

Licensed Embalmer No. *268*

P. O. Address *276906*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.