

Health, Welfare and Public Service
 300-556
 ATTENTION: No symptoms written on record. At
 Coroner cannot certify to a death due to natural causes.
 diseases in Part I must be causally related.
 Doctor, coroner, etc. must use only standard nomenclature in item 18.

FILED OCT 16 1956

STANDARD CERTIFICATE OF DEATH

36295
 STATE FILE NUMBER
 8496

Registration District No. 318 Primary Registration District 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, 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 lb | | d. STREET ADDRESS 1124 N. 18th | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Charlie Middle Last Thomas | | | | 4. DATE OF DEATH Month 9 Day 7 Year 56 | | | |
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Mar-15, 1886 | |
| 9. AGE (In years last birthday) 70 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY laborer | | 11. BIRTHPLACE (City and state or country) UNKNOWN | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A | | 13. FATHER'S NAME Unknown | | | | 14. MOTHER'S MAIDEN NAME Susie Benson | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Lulu Thomas, 1124 N. 18th St | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Brain Syndrome due to Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Pulmonary Congestion - Hypertensive Cardiovascular Disease - Cirrhosis of Liver | | | | | | | INTERVAL BETWEEN ONSET AND DEATH Undet. |
| 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.) 334X | | | | | |
| 20c. TIME OF INJURY Hour _____ 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 9-5-56 to 9-7-56 and last saw her alive on 9-7-56 Death occurred at 8:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Hugh Waters | | | | 22b. ADDRESS M. D. 2601 N. Whittier | | 22c. DATE SIGNED 9-11-56 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE 9-14-56 | | 23c. NAME OF CEMETERY OR CREMATORY Oakdale | | 23d. LOCATION (City, town, or county) (State) Lemay, Mo. | |
| 24. FUNERAL DIRECTOR A.H. Burko, 3506 Franklin | | | 25. DATE RECD. BY LOCAL REG. SEP 14 1956 | | 26. REGISTRAR'S SIGNATURE Carl Smith Mo. | | |

(Licensed Embalmer's Statement on Reverse Side)

m 83

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..... *Leroy W. Summerville*

Licensed Embalmer No. *43*

P. O. Address *2616 Dan*

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.