Health, Welfare Public Service

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FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39614

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9673

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Homer G. Phillips — Length of stay in 1b 2119

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 3968 Aldine — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Mamie Middle Last McNeal

4. DATE OF DEATH Month 10 Day 20 Year 56

5. SEX Female 3

6. COLOR OR RACE Negro

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ 2

8. DATE OF BIRTH OCT. 8, 1885

9. AGE (In years last birthday) 71

IF UNDER 1 YEAR Months Days 12 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) ST. LOUIS MO. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME MOSES SMITH

14. MOTHER'S MAIDEN NAME FANNIE ROBINSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT BERTHA GRANT Address 3965 ALDINE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ~~Lobar Pneumonia~~ Cerebral thrombosis, suspected undet.

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Arteriosclerotic heart disease-cardiac insufficiency
~~Cerebral Hemmorhage - Pulmonary Congestions~~

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 9-23-56, to 10-20-56 and last saw her alive on 10-20-56
Death occurred at 9:05 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, M. D. 0

22b. ADDRESS 2601 Whittier Street

22c. DATE SIGNED 10-22-56

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE OCT. 25, 1956

23c. NAME OF CEMETERY OR CREMATORY CREEN WOOD

23d. LOCATION (City, town, or county) ST. LOUIS CO. (State) MO.

24. FUNERAL DIRECTOR ADDRESS PETTIS FUNERAL HOME 4181 WASHINGTON

25. DATE RECD. BY LOCAL REG. OCT 23 1956

26. REGISTRAR'S SIGNATURE J. Earl Smith MD MDB

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

changed by affi. from doctor. (Affi attached)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Esther K. Harre

Licensed Embalmer No. 4

P. O. Address 418 Th

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.