

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

428261

FILED DEC 27 1956

STATE FILE NUMBER
11432

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 40 yrs 2 2/9		d. STREET ADDRESS 3229a Franklin		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Sylvester Coleman				First Middle Last		4. DATE OF DEATH Month Day Year 12 9 56		
5. SEX 2 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 Aug. 4, 1887		
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 country) Mounds, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Solomon Coleman				14. MOTHER'S MAIDEN NAME Alma Bucie				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW # 1			16. SOCIAL SECURITY NO. _____		17. INFORMANT Address Lucinda Robinson 2518a Glasgow Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerosis		DUE TO (c) 332x		undet.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertensive Cardiovascular Disease-Lobar Pneumonia-Laennec's Cirrhosis							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 _____ 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 12-4-56 to 12-9-56 and last saw xxx him alive on 12-9-56 Death occurred at 9:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Hugh Waters</i> (Degree or title) , M.D.				22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 12-10-56		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 14, 1956		23c. NAME OF CEMETERY OR CREMATORY National		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		
24. FUNERAL DIRECTOR J. H. RANDLE & SON			ADDRESS 3133 Bell Ave.		25. DATE RECD. BY LOCAL REG. DEC 13 1956		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i> S.P.	

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible.
 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.

MEDICAL CERTIFICATION

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 *Escher H. Harris*

Licensed Embalmer No. *44*

P. O. Address *4187 Ave*

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.