

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11304

FILED MAR 18 1957

318

1003

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **1762**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>			Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>4157 G. St. Louis Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Simpson</b> Middle _____ Last <b>Willis</b>				4. DATE OF DEATH Month <b>2</b> Day <b>17</b> Year <b>57</b>					
5. SEX <b>Male</b> <sup>2</sup>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Apr. 13, 1888</b>		9. AGE (In years last birthday) <b>68</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Benton, La.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13. FATHER'S NAME <b>William Willis</b>				14. MOTHER'S MAIDEN NAME <b>Mary Burton</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>486-36-6621</b>		17. INFORMANT <b>Sellie Willis</b> Address <b>4157 St. Louis Ave.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: <b>Carcinoma of the Prostate With Metastasis to Pelvis, Lumbar Spines, Femur, and Lungs;</b> IMMEDIATE CAUSE (a) _____ DUPLICATE TO (b) _____ DUPLICATE TO (c) _____ *Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <sup>2</sup>	
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 <b>10-4-56</b> to <b>2-17-57</b> and last saw <sup>him</sup> alive on <b>2-17-57</b> . Death occurred at <b>2:00</b> a. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Mark Hempford</i> , M.D.				22b. ADDRESS <b>2601 N. Whittier</b>		22c. DATE SIGNED <b>2-18-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>2-22-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		
24. FUNERAL DIRECTOR <b>Metropolitan Funeral System, Inc.</b> ADDRESS <b>5010 Enright</b>				25. DATE RECD. BY LOCAL REG. <b>FEB 21 '57</b>		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

S. 300 v. 1-56  
securing the medical certification in the specific manner required by §§ 140, 140A, 140B, 140C, 140D, 140E, 140F, 140G, 140H, 140I, 140J, 140K, 140L, 140M, 140N, 140O, 140P, 140Q, 140R, 140S, 140T, 140U, 140V, 140W, 140X, 140Y, 140Z, 141, 141A, 141B, 141C, 141D, 141E, 141F, 141G, 141H, 141I, 141J, 141K, 141L, 141M, 141N, 141O, 141P, 141Q, 141R, 141S, 141T, 141U, 141V, 141W, 141X, 141Y, 141Z, 142, 142A, 142B, 142C, 142D, 142E, 142F, 142G, 142H, 142I, 142J, 142K, 142L, 142M, 142N, 142O, 142P, 142Q, 142R, 142S, 142T, 142U, 142V, 142W, 142X, 142Y, 142Z, 143, 143A, 143B, 143C, 143D, 143E, 143F, 143G, 143H, 143I, 143J, 143K, 143L, 143M, 143N, 143O, 143P, 143Q, 143R, 143S, 143T, 143U, 143V, 143W, 143X, 143Y, 143Z, 144, 144A, 144B, 144C, 144D, 144E, 144F, 144G, 144H, 144I, 144J, 144K, 144L, 144M, 144N, 144O, 144P, 144Q, 144R, 144S, 144T, 144U, 144V, 144W, 144X, 144Y, 144Z, 145, 145A, 145B, 145C, 145D, 145E, 145F, 145G, 145H, 145I, 145J, 145K, 145L, 145M, 145N, 145O, 145P, 145Q, 145R, 145S, 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**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 *John K. Cunningham*  
Licensed Embalmer No. *4476*

P. O. Address *2405 Main*

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.