

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15400

STATE FILE NUMBER **4024**

FILED MAY - 8 1957

318

1003

Health,
Welfare
Public
Service

300
1-56

All diseases in Part I must be causally related. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON. TYPEWRITE IF POSSIBLE

Registration District No. 318		Primary Registration District No. 1003		Registrator's No. 4024	
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 9 2 1/2	d. STREET ADDRESS 1428 North 13th		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Alice Vanderford			First	Middle	Last
4. DATE OF DEATH 4 24 57		Month	Day	Year	
5. SEX Female	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 abt. 1891	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY None	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 Unknown		
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. None	17. INFORMANT D. L. Langford 4034a Aldine		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Secondary Hemorrhage from Wound with Severe Shock					INTERVAL BETWEEN ONSET AND DEATH undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis Generalized, Exploratory operation of femoral artery					
DUE TO (c) Lower Nephron Nephrosis - Extensive Thrombosis Rt. Femoral Artery					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Lower Nephron Nephrosis - Extensive Thrombosis Rt. Femoral Artery					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.) 454+				
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 3-7-57 to 4-24-57 and last saw her her kin alive on 4-24-57 Death occurred at 10:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Frank O. Richards (Degree or title)			22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 4-26-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/29/1957	23c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON CEMETERY		23d. LOCATION (City, town, or county) St. Louis County, Mo.	(State)
24. FUNERAL DIRECTOR G. Wade Granberry 4202 Finney Ave.		ADDRESS	25. DATE RECD. BY LOCAL REG. APR 27 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

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. Gunnister*

Licensed Embalmer No. 452

P. O. Address 4251 Wash

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.