

FILED MAY 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH18511
STATE FILE NUMBER
4389
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY St. Louis, Missouri				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 checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillip Length of stay in lb 2 Mo 6 d				d. STREET ADDRESS (If outside, give location) 2415 N. Taylor Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Charlotte First Middle Last Dyars				4. DATE OF DEATH May 6 1957 Month Day Year			
5. SEX Female		6. COLOR OR RACE Col		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 10, 1869	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil				9b. KIND OF BUSINESS OR INDUSTRY Nil		9. AGE (In years last birthday) 88 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 Nil		11. BIRTHPLACE (City and state or country) Brownville Tenn	
13. FATHER'S NAME John Davis				14. MOTHER'S MAIDEN NAME Charlotte Easter			
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. No		17. INFORMANT Mrs. Laura White Address 2415 N. Taylor	
18. CAUSE OF DEATH [Enter only one cause for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arterio sclerotic Heart Disease. DUE TO (b) Fracture of zygoma; E904.0 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 21						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" 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.) Suffered when deceased fell off house on February 16th 1957, at about 8:30 pm.					
20c. TIME OF INJURY 8:30 p. m. Hour Month, Day, Year 2 16 57		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.) House		20f. CITY, TOWN, OR LOCATION St. Louis Mo COUNTY STATE					
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 12:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) James M. Kelly, Coroner						22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 5-8-57							
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/9/57		23c. NAME OF CEMETERY OR CREMATORY Greenwood		23d. LOCATION (City, town, or county) (State) St. Louis County Mo	
24. FUNERAL DIRECTOR Herman J. Smith ADDRESS 4247/w Labadie				25. DATE RECD. BY LOCAL REG. MAY 8 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith m 8/5	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
diseases in Part I must be causally related. Coroner cannot certify to a death due to nonfatal diseases.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *M. Claude Gordon*

Licensed Embalmer No. *3*

P. O. Address *4575*

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.