

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18556

FILED JUN 7 1957

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER **5102** Registrar's No.

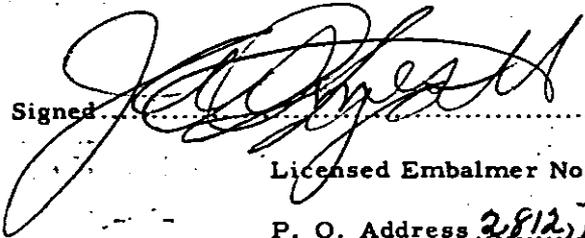
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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 37 Yrs		STREET ADDRESS 1225 N. 15th		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Oscar Corbin				4. DATE OF DEATH Month 5 Day 28 Year 57		First Oscar Middle Corbin Last Corbin	
5. SEX 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 9/7th/ 1879	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 8 Days 21 Hours Min. 		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER RETIRED			10b. KIND OF BUSINESS OR INDUSTRY DOMESTICTS			11. BIRTHPLACE (City and state or country) HELNER ARKANSAS	
13. FATHER'S NAME JACKSON CORBIN				14. MOTHER'S MAIDEN NAME MAUGRITE GILCHRIST			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE			16. SOCIAL SECURITY NO. 497-01-1961		17. INFORMANT Hugh Corbin Address 1225, North 15th Street		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis						INTERVAL BETWEEN ONSET AND DEATH undet.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____ DUE TO (c) 156.2	
PART-II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Metastatic Adenocarcinoma of the Liver						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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		CITY _____ COUNTY _____ STATE _____	
21. I attended the deceased from 4-19-57 to 5-28-57 and last saw XX him alive on 5-28-57 Death occurred at 5:05 A _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Hugh Walters (Degree or title)				22b. ADDRESS M.D. 2601 Whittier Street		22c. DATE SIGNED 5-29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/3/ 57		23c. NAME OF CEMETERY OR CREMATORY WASHINGTONPARK CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI	
24. FUNERAL DIRECTOR John Houston ADDRESS 2812, Thomas Street			25. DATE RECD. BY LOCAL REG. MAY 31 '57		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 

Licensed Embalmer No. 444
P. O. Address 2812, Thomas

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.