

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26102  
STATE FILE NUMBER

FILED JUL 26 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's **6296**

|                                                                                                                                                                                                                                                                |                               |                                                                                                                                                             |                                                                                                                             |                                                                       |                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                                                 |                               |                                                                                                                                                             | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |                                                                       |                                                                                                   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>                                                                                                                                                                       |                               | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   | c. CITY<br>OR<br>TOWN <b>St. Louis</b>                                                                                      |                                                                       | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                         |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>Homer G. Phillips</b>                                                                                                                                                     |                               | Length of stay in lb                                                                                                                                        | d. STREET ADDRESS <b>206 1439 Semple</b> (If outside, give location)                                                        |                                                                       | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                        |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Chelsea</b> Middle <b>Sinclair</b> Last <b>Frances</b>                                                                                                                                                         |                               |                                                                                                                                                             | 4. DATE OF DEATH<br>Month <b>7</b> Day <b>3</b> Year <b>57</b>                                                              |                                                                       |                                                                                                   |
| 5. SEX <b>Male</b>                                                                                                                                                                                                                                             | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>12 Oct 1885</b>                                                                                         |                                                                       | 9. AGE (In years last birthday) <b>71</b>                                                         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                                                                                                                                                                    |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Nil</b>                                                                                                                |                                                                                                                             | 11. BIRTHPLACE (City and state or country) <b>Black Hack Mo</b>       |                                                                                                   |
| 10c. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>                                                                                                                                                                                                                   |                               |                                                                                                                                                             | 12. CITIZEN OF WHAT COUNTRY?                                                                                                |                                                                       |                                                                                                   |
| 13. FATHER'S NAME <b>Marshall Francis</b>                                                                                                                                                                                                                      |                               |                                                                                                                                                             | 14. MOTHER'S MAIDEN NAME <b>Marica Harris</b>                                                                               |                                                                       |                                                                                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                                                                                                                          |                               | 16. SOCIAL SECURITY NO. <b>494-09-6329</b>                                                                                                                  |                                                                                                                             | 17. INFORMANT <b>Mr Martha Lindsay</b> Address <b>1439 Semple Ave</b> |                                                                                                   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Passive Congestion of Lungs</b>                                                                                            |                               |                                                                                                                                                             |                                                                                                                             |                                                                       | INTERVAL BETWEEN ONSET AND DEATH <b>undet.</b>                                                    |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.                                                                                                                                                                     |                               |                                                                                                                                                             |                                                                                                                             |                                                                       | DUE TO (b) <b>260+</b>                                                                            |
| DUE TO (c)                                                                                                                                                                                                                                                     |                               |                                                                                                                                                             |                                                                                                                             |                                                                       |                                                                                                   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I((n)<br><b>Shock - Ulcerative Colitis - Dehydration - Diabetes Mellitus</b>                                                       |                               |                                                                                                                                                             |                                                                                                                             |                                                                       | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour . . . Month, Day, Year<br>a. m.<br>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>6-24-57</b> to <b>7-3-57</b> and last saw <del>him</del> <b>him</b> alive on <b>7-3-57</b><br>Death occurred at <b>12:30</b> P <b>m</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                               |                                                                                                                                                             |                                                                                                                             |                                                                       |                                                                                                   |
| 22a. SIGNATURE (Degree or title)<br><b>Hugh Waters, M.D.</b>                                                                                                                                                                                                   |                               |                                                                                                                                                             | 22b. ADDRESS <b>2601 Whittier Street</b>                                                                                    |                                                                       | 22c. DATE SIGNED <b>7-6-57</b>                                                                    |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                                                                                                                                                                                                    |                               | 23b. DATE <b>7/9/57</b>                                                                                                                                     |                                                                                                                             | 23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>             |                                                                                                   |
| 23d. LOCATION (City, town, or county) <b>St. Louis</b>                                                                                                                                                                                                         |                               | 23e. (State) <b>Mo</b>                                                                                                                                      |                                                                                                                             |                                                                       |                                                                                                   |
| 24. FUNERAL DIRECTOR <b>Herman J. Smith</b> ADDRESS <b>4247 w Labadie Ave</b>                                                                                                                                                                                  |                               |                                                                                                                                                             | 25. DATE RECD. BY LOCAL REG. <b>JUL 8 '57</b>                                                                               |                                                                       | 26. REGISTRAR'S SIGNATURE<br><b>[Signature]</b><br><b>ms</b>                                      |

**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.....  
*W. Claude Gardner*

Licensed Embalmer No. *37*

P. O. Address *5750*

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.