

FILED NOV 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41797

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10885

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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Length of stay in lb 27	
3. NAME OF DECEASED (Type or print) Oliver		4. DATE OF DEATH Month 11 Day 12 Year 57	
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 3-31-1902	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Oiler		10b. KIND OF BUSINESS OR INDUSTRY American Car Co.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 34701-1382	
17. INFORMANT Florence Brown		Address 4903 Page	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Vascular Disease			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Acute Pneumonia			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT - SUICIDE - HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 331x	
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 10-6-57 to 11-12-57 and last saw him alive on 11-12-57 Death occurred at 11:40 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Sydney A. Drake, M.D.</i>		22b. ADDRESS 2601 Whittier Street	
22c. DATE SIGNED 12-13-57			
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE	
Burial		11-18-57	
23c. NAME OF CEMETERY OR CREMATORY Washington Park		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR Chas. J. Gates 4107 Finney		25. DATE RECD. BY LOCAL REG. NOV 14 57	
26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>			

(Licensed Embalmer's Statement on Reverse Side)

Health,
& Welfare
Public
Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. 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

MEDICAL CERTIFICATION

Missouri

St. Louis

1900

Wm. G. Phillips

11 12 27

Brown

Oliver

1900

Woods

Male

STATEMENT BY LICENSED EMBALMER

John

Hypertensive Vascular Disease

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. Acute Renal Disease

Student Signature of Student Embalmer

Signed *Gupton Swan* Licensed Embalmer No. 4580

1900-11 11-12-11 10-6-11 11:40 P P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F)

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.