

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 2 - 1957

41853

STATE FILE NUMBER

318

1003

11256

Registration District No. Primary Registration District No. Registrar 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 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 lb		STREET ADDRESS 1105 No. 18th (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Columbus First Middle Last				4. DATE OF DEATH 11 19 57 Month Day Year			
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 12-27-88		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ark.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Albert Coleman				14. MOTHER'S MAIDEN NAME Lillie			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. —		17. INFORMANT Lula Coleman Address 1105 N. 18th			
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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Disease Generalized Arteriosclerosis - Hypertensive Cardiovascular							INTERVAL BETWEEN ONSET AND DEATH undet.
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.) 743X					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2					
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 11-13-57 to 11-19-57 and last saw him alive on 11-19-57 Death occurred at 7:55 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Sydney A. Jansen, M.D. (Degree or title)				22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 11-21-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Removal		Nov 25/57		Oak Dale Cem		St. Louis County Mo.	
24. FUNERAL DIRECTOR F. A. Green 4214 Delmar ADDRESS				25. DATE RECD. BY LOCAL REG. NOV 25 57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

11-19-57

11-19-57

St. Louis

11-19-57

Horst G. Phillips

11 19 57

Coleman

Columbus

68

12-27-68

x

Madro

Male

ASU

Ark.

Lillie

Albert Coleman

STATEMENT BY LICENSED EMBALMER

under

Hyperextension

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.

x working under my personal supervision. Generalized Arteriosclerosis - Hypertensive Cardiovascular Disease

Student

Signature of Student Embalmer

Signed

F. A. Green

Licensed Embalmer No. 296

11-19-57

xx

11-19-57

11-19-57

P. O. Address

4214

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.