

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41887

STATE FILE NUMBER 11292

Registration District No. 318 Primary Registration District 1003

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 type="checkbox"/> No <input type="checkbox"/>	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 9 Days	d. STREET ADDRESS 3933 Cook (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Clarence First NONE Middle David Last		4. DATE OF DEATH Month 11 Day 21 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 8 30 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) Lima Ohio
13. FATHER'S NAME Harrison David.		14. MOTHER'S MAIDEN NAME Linnie Last name Unknown.	
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. None	
17. INFORMANT KATHERINE DAVID, 3933 COOK Ave.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Miliary Tuberculosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 019.2 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			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.)	
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 11-13-57 to 11-21-57 and last saw XX him alive on 11-21-57 Death occurred at 8:25 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Sydney A. Mason (Degree or title)		22b. ADDRESS 2601 Whittier Street	
22c. DATE SIGNED 11-22-57			
23a. BURIAL, CREMATION, REBURYAL (Specify)		23b. DATE	
BURIAL		II 27 1957	
23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY		23d. LOCATION (City, town, or county) (State) 6571 St. Louis MO	
24. FUNERAL DIRECTOR F. J. GOLDEN, 3404 DELMAR		25. DATE RECD. BY LOCAL REG. NOV 25 57	
26. REGISTRAR'S SIGNATURE Carl Smith MO			

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.

X working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leroy W. Dammis*

Licensed Embalmer No. 45

P. O. Address 4251 Waver

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.