

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42537

STATE FILE NUMBER 11105

FILED NOV 27 1957

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

S. 300
ev. 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

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) Inside Limits OR TOWN St. Louis Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION Homer G. Phillips 27		d. STREET ADDRESS (If outside, give location) 220 ADDRESS 2589 Montgomery Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Carl Ross		4. DATE OF DEATH Month Day Year 11 14 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 6-2-01
9. AGE (In years last birthday) 56		10. 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) Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jacob Ross		14. MOTHER'S MAIDEN NAME Mary Jackson	
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. 499-8861790	
17. INFORMANT Hospital Records		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) <i>Cardiac Insufficiency</i> DUE TO (b) <i>Arteriosclerotic Heart Disease</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Laborer's Cribbers</i>			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.) 420.0	
20c. TIME OF INJURY Hour : Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT <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 11-11-57 to 11-14-57 and last saw him alive on 11-14-57 Death occurred at 8:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Sydney A. Jaeger, M.D.</i> (Degree or title)		22b. ADDRESS 2601 Whittier Street	
22c. DATE SIGNED 11-18-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 22, 1957	
23c. NAME OF CEMETERY OR CREMATORY Oak Dale		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR J. H. RANDLE & SON ADDRESS 3133 Bell Ave.		25. DATE RECD. BY LOCAL REG. NOV 20 57	
26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>			

10-18 818

St Louis
Homer G Phillips
Care
Name
Mary Jackson
Jacob Ross
Ohio
USA

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 *Esther K. Harris*

Licensed Embalmer No. *477*

P. O. Address *4181 Wash*

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.