

Health,
& Welfare
Public
Service

S. 300
v. 1-56

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1958

47684

STATE FILE NUMBER 12757

Registration District No. 318 Primary Registration District No. 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		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 1b 27	d. STREET ADDRESS 1719 Coleman		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Isabella			First	Middle	Last
4. DATE OF DEATH 12 30 57			Month	Day	Year
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 19, 1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse's Aid		10b. KIND OF BUSINESS OR INDUSTRY Homer P. Hosp.	11. BIRTHPLACE (City and state or country) Canton, Mississippi		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Josh Simms			14. MOTHER'S MAIDEN NAME Lydia Love		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 497-16-9653	17. INFORMANT Mrs. Lenteen Jones 1719 Coleman		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis (Adenocarcinoma of Stomach)					INTERVAL BETWEEN ONSET AND DEATH undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)
DUE TO (c)					151X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cechexia - Hydronephrosis (Bilateral)					19. WAS AUTOPSY PERFORMED? 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. 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 12-25-57 to 12-30-57 and last saw her her alive on 12-30-57 Death occurred at 7:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul M. Larson M.O.			22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 1-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-6-1958	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo	
24. FUNERAL DIRECTOR G. Wade Granberry 4202 Finney Ave.			ADDRESS	25. DATE RECD. BY LOCAL REG. JAN 3 '58	26. REGISTRAR'S SIGNATURE Carl Smith

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

100

DATE OF DEATH

PLACE

NAME OF DECEASED

AGE

RESIDENCE

DATE OF DEATH

SEX

CAUSE

PLACE

DATE OF DEATH

PLACE

PLACE OF DEATH

DATE OF DEATH

PLACE

DATE OF DEATH

STATE OF

DATE OF DEATH

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. _____

(initials) _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Geoffrey Sever*
Licensed Embalmer No. 458

P. O. Address 4202 Juniper

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.