

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2738

STATE FILE NUMBER

FILED JAN 30 1958

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 788

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis Mo.		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	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 3867 Delmar	
Length of stay in lb 50 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Cora Middle Calloway Last Calloway		4. DATE OF DEATH Month 1 Day 18 Year 58	
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 February 9 1870
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	11. BIRTHPLACE (City and state or country) Allenton Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Charles N Valla	
13b. MOTHER'S MAIDEN NAME Mary Brown		14. NAME OF HUSBAND OR WIFE Mr Calloway	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, or unknown) <input checked="" type="checkbox"/> (If yes, give war and dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Address Eula Murphy 3867 Delmar		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 arteriosclerosis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____		INTERVAL BETWEEN ONSET AND DEATH undet.	
DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Quarition	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 checked="" 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 1-16-58 to 1-18-58 and last saw her alive on 1-18-58	
Death occurred at 3:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>[Signature]</i> (Degree or title) , M.D.	
22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 1-20-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 24 Jan 1958	
23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery		23d. LOCATION (City, town, or county) (State) Crestwood Missouri	
24. FUNERAL DIRECTOR ADDRESS P.T. Yandell & Sons Funeral Home		25. DATE RECD. BY LOCAL REG. JAN 22 '58	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		27. DATE SIGNED 1-20-58	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with asterisk. All diseases in Part I must be causally related.

177 EAST KIRKHAM AVENUE

(Licensed Embalmer's Statement on Reverse Side)

S.P.

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 *Frederic J. Gaudecel*

Licensed Embalmer No. *42,43*

P. O. Address *308 Alder*

Wester

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.