

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3094**
574

FILED JAN 30 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. 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 OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) **4 yrs.** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer Phillips Hospital** STREET ADDRESS (If rural, give location) **4054 Finney Avenue**

3. NAME OF DECEASED a. (First) **ROBERT** b. (Middle) _____ c. (Last) **IVORY** 4. DATE OF DEATH (Month) (Day) (Year) **Jan. 16, 1958**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **June 5, 1879** 9. AGE (In years last birthday) **78** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. 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 **Retired** 11. BIRTHPLACE (City and State or Foreign Country) / **Taylor, Mississippi** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Edward Ivory** 13b. MOTHER'S MAIDEN NAME **Lillie ?** 14. NAME OF HUSBAND OR WIFE **Ina Ivory**

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'S SIGNATURE OR NAME ADDRESS **Gensie Williams 1319 N. Vandeventer**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Subdural Hematoma** ANTECEDENT CAUSES **exact time, please cause and manner of same could not be determined 9369** DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **48** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Explosive Under** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **333**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **355A** m., from the causes and on the date stated above.

23a. SIGNATURE (Deputy only) **James M. Kelly** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **1-17-58**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **1/20/58** 24c. NAME OF CEMETERY OR CREMATORY **Greenwood Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **JAN 17 '58** REGISTRAR'S SIGNATURE **Paul Smith** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Charles J. Gates 4107 Finney Ave.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Clifton Swan*.....

Licensed Embalmer No. **4580**.....

P. O. Address **4107 Finney**.....

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.