

FILED FEB 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3706

STATE FILE NUMBER

318

1003

1025

Registration District No.

Primary Registration District No.

Registrar's No.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be treated. All diseases in Part I must be causally related. Coroner gave permission for certificate to be completed. USE ONLY BLACK INK OR TRIBON 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) 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		d. STREET ADDRESS (If outside, give location) 4291 St. Louis	
3. NAME OF DECEASED (Type or print) Elsie		First Middle Last Tucker		4. DATE OF DEATH Month 1 Day 25 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 Dec 7, 1891	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 66	
11. BIRTHPLACE (City and state or country) Offallon Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Jack Rafferty		13b. MOTHER'S MAIDEN NAME Annie Hushon		14. NAME OF HUSBAND OR WIFE Dead	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs Katherine Jefferson 4291 C St. Louis	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) metastatic C₆₄ of lung + liver DUE TO (b) CARCINOMA OF THE RECTUM DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 154X					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 <input type="checkbox"/> NOT WHILE 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 1-25-58 to 1-25-58 and last saw her alive on 1-25-58 Death occurred at 2:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
SIGNATURE (Degree or title) James M. Allison, M.D.		22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 1-27-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/30/58		23c. NAME OF CEMETERY OR CREMATORY Washington Park	
24. FUNERAL DIRECTOR Herman J. Smith 4247/1 St. Louis Ave		25. DATE RECD. BY LOCAL REG. JAN 28 58		23d. LOCATION (City, town, or county) (State) St. Louis County Mo	
				26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. m.j.B.	

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 *W. Claude Lord*

Licensed Embalmer No. *348*
P. O. Address *4575 011*

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.