

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007685  
STATE FILE NUMBER 1617

FILED FEB 28 1958

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

300  
1-57

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 checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
38 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Homer G. Phillips		Length of stay in 1b 35 yrs.	STREET ADDRESS 4219 W Finney Ave		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LILLIAN G POWELL			4. DATE OF DEATH Month Day Year Feb 10 1958		
5. SEX 3 Female	6. COLOR OR RACE Col	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 15 1905	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 3 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Lauderdale, Co Miss	12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Holland Thedford		13b. MOTHER'S MAIDEN NAME Mary Griffin		14. NAME OF HUSBAND OR WIFE	
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. 495-14-6938	17. INFORMANT Address Lillian Griffin 4219 W Finney Ave		
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>Congestive Failure (Heart)</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4341</i>					INTERVAL BETWEEN ONSET AND DEATH
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 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <i>220 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Joseph M. Quinn</i> (Degree or title) 3			22b. ADDRESS 1300 Clark Ave		22c. DATE SIGNED 2/11/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb 14 1958	23c. NAME OF CEMETERY OR CREMATORY Elem Wood Cemetery	23d. LOCATION (City, town, or county) Meridian	STATE Miss	
24. FUNERAL DIRECTOR J.H. Randle & Son 3133 Bell Ave		ADDRESS	25. DATE RECD. BY LOCAL REG. FEB 11 1958	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

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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. Harens* .....

Licensed Embalmer No. *4458* .....

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.