

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007690
STATE FILE NUMBER

FILED FEB 28 1958

318

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1705

1. PLACE OF DEATH a. COUNTY <u>St. Louis Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u> </u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>38 HOSPITAL OR INSTITUTION</u> <u>pronounced dead Homer Phillips</u>				Length of stay in 1b <u>78</u>		d. STREET ADDRESS (If outside, give location) <u>3148 Hickory</u>	
3. NAME OF DECEASED (Type or print) <u>Garrie</u>				First <u>Garrie</u> Middle <u> </u> Last <u>Pye</u>		4. DATE OF DEATH Month <u>February</u> Day <u>19</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>3. June 1928</u>		9. AGE (In years last birthday) <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>		11. BIRTHPLACE (City and state or country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Columbia Rembert</u>				14. MOTHER'S MAIDEN NAME <u>Barnett Burton</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT Address <u>Mr Charles Pye 3148 Hickory</u>			
18. CAUSE OF DEATH [Enter only one cause for line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot wound of Brain.</u> <u>Gunshot fracture of Skull.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u>suffered when gun in hands of one</u>							INTERVAL BETWEEN ONSET AND DEATH <u> </u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE (GIVEN IN PART I (a)) <u>Chronic Pipe (cold) this kind of</u> <u>deceased was accidentally fired</u>							19. WAS AN AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> -HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (If nature of injury in Part I or Part II item 18) <u>striking wall and repeating striking deceased in same awful</u>		20c. TIME OF INJURY Hour <u>11:55</u> Month <u>Feb.</u> Day <u>10</u> Year <u>1958</u>				20d. PLACE OF INJURY (e.g., in or about home, m, factory, street, office bldg., etc.) <u>18 Home</u>
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>St. Louis Mo</u>		20g. COUNTY <u> </u>		20h. STATE <u> </u>		
21. I attended the deceased from <u> </u> to <u> </u> and last saw her/him alive on <u> </u> Death occurred at <u>1247 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							22c. DATE SIGNED <u>2-13-58</u>
22a. SIGNATURE <u>James M Kelly</u>		22b. ADDRESS <u>Deputy 1300 Clark</u>		22c. DATE SIGNED <u>2-13-58</u>		22d. SIGNATURE <u> </u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2/17/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Father dickson</u>		23d. LOCATION (City, town, or county) <u>St. County Mo</u>		23e. STATE <u> </u>	
24. FUNERAL DIRECTOR <u>Herman J. Smith 4247/w Labadie</u>			25. DATE RECD. BY LOCAL REG. <u>FEB 13 '58</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u> <u>m. J.B.</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Gordon*.....
Licensed Embalmer No. *34*

P. O. Address *45750*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.