

Health,
Welfare
Public
Service

FILED MAR 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011613
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3138**

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-57

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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) 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) Homer G. Phillips		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 5044 Maple
27		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Minnie Middle M. Last Jo. Foex			4. DATE OF DEATH Month 3 Day 16 Year 58		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May-30-1901	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 9 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) Hair Dresser		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mayfield, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Rev. James Foex.		13b. MOTHER'S MAIDEN NAME Jennie Hawkins.		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. Notary		17. INFORMANT Address Mrs. Helen Randoll, 5111, Kensington	

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 THROMBOSIS			INTERVAL BETWEEN ONSET AND DEATH undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 332x			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS			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 _____ a.m. _____ p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION		COUNTY	STATE		

21. I attended the deceased from 3-9-58 to 3-16-58 and last saw her ^{her} _{him} alive on 3-16-58	
Death occurred at 4:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Paul M. Larson (Degree or title)	22b. ADDRESS 2601 Whittier Street
22c. DATE SIGNED 3-17-58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-20-1958.	23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	23d. LOCATION (City, town, or county) (State) Missouri.
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24. FUNERAL DIRECTOR Moses Adams ADDRESS 3849 Windsor	25. DATE RECD. BY LOCAL REG. MAR 18 58	26. REGISTRAR'S SIGNATURE Carl Smith MD
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *[Handwritten Signature]*

Licensed Embalmer No. *2963*
P. O. Address *4214 Delmar*

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.

[Handwritten notes and stamps at the bottom of the page]