

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

88-151674
STATE FILE NUMBER
Registrar's 4855

FILED MAY 14 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's 4855

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		c. CITY OR TOWN ST LOUIS	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Length of stay in lb 2 2/3	
d. STREET ADDRESS 2914 Gamble		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Rebecca Conway		4. DATE OF DEATH Month 5 Day 3 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 UNKNOWN
9. AGE (In years last birthday) 79	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL	11. BIRTHPLACE (City and state or country) NASHVILLE TENN. U.S.A	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME HENRY BURNS		13b. MOTHER'S MAIDEN NAME UNKNOWN	
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.		17. INFORMANT Address MRS. JESSIE MAE DOUGLAS 2914 GAMBLE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive heart disease & failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pylonephritis DUE TO (c) Carcinoma of the rectum			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 154X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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"/> 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 4-22-58 to 5-3-58 and last saw her alive on 5-3-58 Death occurred at 11:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Paul Smith (Degree or title) M.D.		22b. ADDRESS 2601 Whittier Street	22c. DATE SIGNED 5-5-58
23a. BURIAL CREMATION, REMOVAL (Specify) 5-8-58	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM.	23d. LOCATION (City, town, or county) (State) ST LOUIS CO. MO.
24. FUNERAL DIRECTOR Bennie Fre 3103 Washington ADDRESS		25. DATE RECD. BY LOCAL REG. MAY 6 '58	26. REGISTRAR'S SIGNATURE J. Paul Smith, M.D. S.P.

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 *W. Claude Ford*

Licensed Embalmer No. *3489*

P. O. Address *4575 Ald*

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.