

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015824

STATE FILE NUMBER

FILED MAY 1 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 4410

300
-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) 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 2/19	d. STREET ADDRESS (If outside, give location) 3951 Page

3. NAME OF DECEASED (Type or print) Violetta Gill			4. DATE OF DEATH Month Day Year 4 18 58		
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5. SEX Female 3	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 —	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St Louis MO 0	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Tom Moore	13b. MOTHER'S MAIDEN NAME Susie Brown	14. NAME OF HUSBAND OR WIFE
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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 Mrs Elizabeth Carter 3951 Page	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac insufficiency		INTERVAL BETWEEN ONSET AND DEATH undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	
	DUE TO (c) Arteriosclerotic heart disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hydronephrosis		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from 3-27-58 to 4-18-58 and last saw her alive on 4-18-58 Death occurred at 3:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Sydney A. Fraser M.D.	22b. ADDRESS 2601 Whittier Street	22c. DATE SIGNED 4-21-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4-24-58	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD	23d. LOCATION (City, town, or county) (State) St Louis Co. MO
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24. FUNERAL DIRECTOR Bennie Love 3103 Washington	25. DATE RECD. BY LOCAL REG. APR 23 '58	26. REGISTRAR'S SIGNATURE Carl Smith M.D.
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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 W. CLAUDE GORDON.....

Licensed Embalmer No. 3489.....
P. O. Address 4575 Aldine.....

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.