Health, Welfare Public Service

300 -57

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FILED APR 23 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016251
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3822

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) ST. LOUIS — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) D.O.A. HOMER G PHILIIPS — Length of stay in 1b 38yrs. 21

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY

c. CITY OR TOWN ST. LOUIS — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 2667 Lucas Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First JESSIE Middle Last NORMAN

4. DATE OF DEATH Month Apr. Day 3 Year 1958

5. SEX Female 3

6. COLOR OR RACE Col.

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH Jan. 6, 1891

9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months 2 Days 27 — IF UNDER 24 HRS. Hours Min.

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) Water Valley, Miss.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME William Pulley

13b. MOTHER'S MAIDEN NAME Jane Thomas

14. NAME OF HUSBAND OR WIFE --

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Goldie Alexander Address 205 S. 15th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

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) 420.0

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1030 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] 3

22b. ADDRESS 1300 Clover

22c. DATE SIGNED 4/4/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 4-8-1958

23c. NAME OF CEMETERY OR CREMATORY GreenWoon

23d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

24. FUNERAL DIRECTOR J. H. RANDLE & SON ADDRESS 3133 Bell Ave.

25. DATE RECD. BY LOCAL REG. APR 5 '58

26. REGISTRAR'S SIGNATURE J. Earl Smith MD acm

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Esther K. Harris

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.