

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016461

STATE FILE NUMBER
2269

FILED APR 18 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 2269

300
1-57
3

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		Inside Limits Yes <input checked="" 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 D.O.A. HOMER Phillips		Length of stay in lb 18 yrs	d. STREET ADDRESS (If outside, give location) 2201 2805 CASS AVE
3. NAME OF DECEASED (Type or print) Richard		First Middle Last	4. DATE OF DEATH Month Day Year Feb 22 1958
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 30 1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Foundry	9. AGE (In years last birthday) 41
11. BIRTHPLACE (City and state or country) Belzoni Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Solomon Simpson		13b. MOTHER'S MAIDEN NAME Detavia Bryant	14. NAME OF HUSBAND OR WIFE Aberdeen Simpson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES #2		16. SOCIAL SECURITY NO. 489-01-6917	17. INFORMANT Address Mattie Heard 4130 Fairfax Ave
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 Cardiovascular DUE TO (b) Disease with acute Left DUE TO (c) Heart Failure			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)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 443x		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 11:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard E. High	(Degree or title)	22b. ADDRESS 1300 Olive	22c. DATE SIGNED 2/22/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-28-58	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.	23d. LOCATION (City, town, or county) JEFFERSON BARRACKS, MO.
24. FUNERAL DIRECTOR J. H. Randle & Son	ADDRESS 3133 Bell Ave	25. DATE RECD. BY LOCAL REG. FEB 25 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Source, tubercle, etc. must use only standard nomenclature in item 18. No symptoms will be related. 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 Washington*

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.