

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027487
STATE FILE NUMBER

FILED JUL 18 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6748

300
1-57

3

1. PLACE OF DEATH a. COUNTY None			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY none		
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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 D.O.A. Homer G Phillips		Length of stay in lb 2 1/2	d. STREET ADDRESS 3940 Cook Avenue		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First I. J. (10) Middle STRAYHORN Last			4. DATE OF DEATH Month 7 - Day 2 Year 1958		
5. SEX Male <input checked="" type="checkbox"/>	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 15, 1905	9. AGE (In years last birthday) 53	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Dress (garment)	11. BIRTHPLACE (City and state or country) Milan, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Carell Strayhorn		13b. MOTHER'S MAIDEN NAME Ola Culp		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)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Othell Strayhorn, 3940 Cook Avenue		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subarachnoid Hemorrhage</i> <i>(non traumatic)</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) <i>330x</i>					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.)			
20c. TIME OF INJURY Hour 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
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <i>11:50 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John E. Quinn</i> (Degree of Physician) <i>3</i>			22b. ADDRESS 1300 Clark Avenue		22c. DATE SIGNED 7/8/58
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 7-9-58	23c. NAME OF CEMETERY OR CREMATORY OAK Dale		23d. LOCATION (City, town, or country) Lemay, Mo
24. FUNERAL DIRECTOR Cunningham & Moore, 2405 Marcus		25. DATE RECD. BY LOCAL REG. JUL 7 '58	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> M. J. B.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *John K. Cunningham*

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

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.