

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030275
STATE FILE NUMBER

FILED SEP 11 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8393

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <i>St. Louis</i> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Hornmerphillips</i> | | | | Length of stay in lb | | STREET ADDRESS (If outside, give location) <i>2057 5862 Bartmer</i> | |
| 3. NAME OF DECEASED (Type or print) First <i>Willie</i> Middle <i>Roy</i> Last <i>Conner</i> | | | | 4. DATE OF DEATH Month <i>8</i> Day <i>28</i> Year <i>58</i> | | | |
| 5. SEX <i>Male</i> | | 6. COLOR OR RACE <i>Negro</i> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <i>1-3-1910</i> | |
| | | | | 9. AGE (In years last birthday) <i>48</i> | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk, Hornmerphillips City Hospital</i> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <i>City Hospital</i> | | 11. BIRTHPLACE (City and state or country) <i>Brownsville Tenn.</i> | |
| 13. FATHER'S NAME <i>General Conner</i> | | | | 14. MOTHER'S MAIDEN NAME <i>Maggie Zero</i> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes give war or dates of service) <i>No</i> | | | | 16. SOCIAL SECURITY NO. <i>499-03-5050</i> | | 17. INFORMANT <i>Mellie Conner</i> Address <i>5862 Bartmer</i> | |
| 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>Cerebro-vascular Accident</i> DUE TO (b) <i>Hypertensive Cardiovascular Disease</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>443 X</i> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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 a. m. p. m. Hour Month, Day, Year | | | | | | | |
| 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 <i>8/27/58</i> to <i>8/27/58</i> and last saw her/him alive on <i>8/28/58</i> Death occurred at <i>8/28/58 2:00 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Elbert R. Spencer, M.D.</i> | | | | 22b. ADDRESS <i>4601- Easton Ave.</i> | | 22c. DATE SIGNED <i>8/28/58</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i> | | 23b. DATE <i>9-3-58</i> | | 23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i> | | 23d. LOCATION (City, town, or county) (State) <i>5500 Brown Road St. Louis Mo</i> | |
| 24. FUNERAL DIRECTOR <i>Geo. W. Bruce</i> ADDRESS <i>4469 Washington</i> | | | | 25. DATE RECD. BY LOCAL REG. <i>AUG 30 1958</i> | | 26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> | |

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..... *Leroy W. Pannister*

Licensed Embalmer No. *45*

P. O. Address *4251 Wood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.