

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

58-033963
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8748

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 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>Homer G. Phillips</i>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>12 4553 McMillian</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Willie Amons</i>				4. DATE OF DEATH Month Day Year <i>9 5 58</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <i>MAR. 1 1921</i>	9. AGE (In years last birthday) <i>37</i>	IF UNDER 1 YEAR Months Days <i>6 5</i>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>R.R.</i>		11. BIRTHPLACE (City and state or country) <i>MISS.</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>FRANK AMONS</i>			13b. MOTHER'S MAIDEN NAME <i>ANNIE JONES</i>		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) <i>No</i>		16. SOCIAL SECURITY NO. <i>UNKNOWN</i>	17. INFORMANT Address <i>LULA P EVANS 4832^a COTE BROOK</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>Uremia.</i> DUE TO (b) <i>Chronic nephrosclerosis.</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <i>Undet.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertensive cardiovascular disease</i>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <i>442x</i>				
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 <i>8-28-58</i> to <i>9-5-58</i> and last saw him alive on <i>9-5-58</i> Death occurred at <i>9:35</i> <i>A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>P. Q. Inaser</i> (Degree or title) <i>M.D.</i>			22b. ADDRESS <i>2601 Whittier Street</i>		22c. DATE SIGNED <i>9-6-58</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>9-11-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Cavenwood</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>			
24. FUNERAL DIRECTOR <i>A. F. WALTER</i> ADDRESS <i>2707 Stoddard</i>			25. DATE RECD. BY LOCAL REG. <i>SEP 1 0 '58</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i> <i>m. g. s.</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

Be listed. No symptoms will be listed.

John

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 *William Blackman*

Licensed Embalmer No. *3962*

P. O. Address *1221 N. Grand*

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.