

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046008
STATE FILE NUMBER
12435

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12435

JAN 12 1958

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis**
Inside Limits Yes No

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 No

38 FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **D.O.A. Homer Phillips** Length of stay in 1b **11/8**
STREET ADDRESS (If outside, give location) **4212 E. Evans** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Arthur** Middle **Mc** Last **Lucas**
4. DATE OF DEATH Month **Dec.** Day **20** Year **1958**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED NEVER MARRIED WIDOWED / DIVORCED
8. DATE OF BIRTH **April 5, 1926** 9. AGE (In years last birthday) **32** IF UNDER 1 YEAR Months **8** Days **15** IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Buss Driver** 10b. KIND OF BUSINESS OR INDUSTRY **Public Service** 11. BIRTHPLACE (City and state or country) **Marianna, Arkansas** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME **Daniel Mc Lucas** 14. MOTHER'S MAIDEN NAME **Eular Franklin**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **War 2** 16. SOCIAL SECURITY NO. **318-20-7967** 17. INFORMANT Address **Daniel Mc Lucas 3030 (a) Thomas**

18. CAUSE OF DEATH [Enter only one cause of death for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Gunshot wounds of the skull, Brain and Heart**
DUE TO (b) **E976X**
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) **from self inflicted gunshot**
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) **Wounds in Home about**
20c. TIME OF INJURY Hour **845** Month, Day, Year **12 20 58** p. m. **845 p.m. December 20 1958.**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (No. in or about home, farm, factory, etc. office bldg., etc.) **Home** 20f. CITY, TOWN, OR LOCATION **St Louis Mo** COUNTY STATE

21. I attended the deceased from **927 P** to **927 P** and last saw her alive on **927 P** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) **Patrick P. Taylor** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **12-23-58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **12/29/58** 23c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 23d. LOCATION (City, town, or county) (State) **Jeff. Brks., Mo.**

24. FUNERAL DIRECTOR ADDRESS **Wm. Smith 4019 Washington Blvd.** 25. DATE RECD. BY LOCAL REG. **DEC 23 '58** 26. REGISTRAR'S SIGNATURE **Carl Smith MD m & B.**

300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....

Licensed Embalmer No. 43

P. O. Address. St. Louis

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.