

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047235

STATE FILE NUMBER

FILED JAN 16 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's

12493

300
-57

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>Homer S. Phillips</i>		Length of stay in 1b <i>2</i>	d. STREET ADDRESS (If outside, give location) <i>5147 Ridge</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Lillie</i>		First Middle Last <i>Pollard.</i>	4. DATE OF DEATH Month <i>Dec</i> Day <i>22</i> Year <i>1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>Feb 5, 1906</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <i>Ret</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>52</i> IF UNDER 1 YEAR: Months <i>5</i> Days <i>14</i> IF UNDER 24 HRS.: Hours <i>9</i> Minutes <i>10</i>
11. BIRTHPLACE (City and state or country) <i>Miss</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Rassberry</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah</i>	14. NAME OF HUSBAND OR WIFE <i>Nell Langmuir</i>
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 <i>Sarah Humphries 1025 1/2 Compton</i> Address
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>Pyelonephritis</i> DUE TO (b) <i>Acute uremia</i> DUE TO (c) <i>600.0</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 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 <i>540 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Patrick B Taylor Currier</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>12/26/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Dec 27/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Dale</i>	23d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>
24. FUNERAL DIRECTOR <i>F. A. Green</i> ADDRESS <i>4214 Delmar</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 26 '58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *G. A. Heer*

Licensed Embalmer No. *2963*
P. O. Address *4214 Delmar*

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.