Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002991
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 251

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St.Louis,Mo — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Homer G.Phillips — Length of stay in Ib

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 [X] No [ ]
d. STREET ADDRESS (If outside, give location): 5106 Enright Ave — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Rosa — Middle: — Last: Gray

4. DATE OF DEATH: Month 1 Day 8 Year 1959

5. SEX: Female 3

6. COLOR OR RACE: Negro

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

8. DATE OF BIRTH: October 31,1895

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (City and state or country): Houston,Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: William Brown

13b. MOTHER'S MAIDEN NAME: Mamie ?

14. NAME OF HUSBAND OR WIFE: Dead

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 496-14-7622

17. INFORMANT: Rosa Jones — Address: 4255 St.Louis Ave

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Pericarditis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cirrhosis of Liver
DUE TO (c): Fracture of Left Femur. — INTERVAL BETWEEN ONSET AND DEATH: E.T. 4/9/45

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 [X] NO [ ]

20a. ACCIDENT [X] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART II above)
Fell — manner, time and place could not be determined

20c. TIME OF INJURY: Hour ? a.m. p.m. — Month, Day, Year ? ? ?

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ?

20f. CITY, TOWN, OR LOCATION: 333 — COUNTY — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 600 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joseph M. Quinn — (Degree or title): Deputy Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 1/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 1/12/58

23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis County,Missouri

24. FUNERAL DIRECTOR: C.W.Roberts Und.Co — ADDRESS: 1416 N.Taylor Ave

25. DATE RECD. BY LOCAL REG.: JAN 9 '59

26. REGISTRAR'S SIGNATURE: Paul Smith MD M.B.

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Carter

Licensed Embalmer No. 4680

P. O. Address .....

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.