Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003084
STATE FILE NUMBER 2 467

FILED JAN 28 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. LOuis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Homer G. Phillips — Length of stay in 1b D/O/A
d. STREET ADDRESS (If outside, give location) 2119 1927a Goode Ave — Reside on Farm Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: James Middle: P. Last: Hopkins

4. DATE OF DEATH Month: Jan. Day: 11, Year: 1959

5. SEX Male 2
6. COLOR OR RACE Colored
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ 0 DIVORCED ☐
8. DATE OF BIRTH May 24, 1922
9. AGE (In years last birthday) 36 — 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) Unemployed
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A;

13a. FATHER'S NAME Eugene Hopkins
13b. MOTHER'S MAIDEN NAME Julia Mae McClelland
14. NAME OF HUSBAND OR WIFE Nil

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Julia Mae White — Address 1927a Goode Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Suffocation from Aspiration of Blood. E922.0
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 18
DUE TO (c)

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 ☒ NO ☐
Coronary sclerosis. Foreign body lodged in throat

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Place of injury could not be ascertained.
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.) 113 Home
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from _____ and last saw her/him alive on _____
Death occurred at 560 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] 3
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 1/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-15-59
23c. NAME OF CEMETERY OR CREMATORY Washington Park
23d. LOCATION (City, town, or county) (State) Birkely, Mo.

24. FUNERAL DIRECTOR E. B. Krone — ADDRESS 1221 N. Grand Ave
25. DATE RECD. BY LOCAL REG. JAN 14 '59
26. REGISTRAR'S SIGNATURE J. Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 21 1958

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 Clarence Crow

Licensed Embalmer No. 4755

P. O. Address 1221 N Gr

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.