Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003350
STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 924

1. PLACE OF DEATH
a. COUNTY -
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Louis — 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 1b: 35yrs

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): 2906 Delmar — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Cecil — Middle: — Last: Orr

4. DATE OF DEATH: Month: 1 — Day: 24 — Year: 59

5. SEX: Male — **6. COLOR OR RACE**: Negro — **7. MARITAL STATUS**: MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Dec 2 1900 — **9. AGE** (In years last birthday): 58 — IF UNDER 1 YEAR: Months: 1, Days: 22 — IF UNDER 24 HRS.: Hours: , Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor — **10b. KIND OF BUSINESS OR INDUSTRY**: General — **11. BIRTHPLACE** (City and state or country): Winona Miss — **12. CITIZEN OF WHAT COUNTRY?**: U S A

13a. FATHER'S NAME: Esau Orr — **13b. MOTHER'S MAIDEN NAME**: Annie Allen — **14. NAME OF HUSBAND OR WIFE**:

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.**: No — **17. INFORMANT**: Ola Mae Orr — Address: 5342 Cote Brillante Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: - arteriosclerosis, generalized
IMMEDIATE CAUSE (a): Arteriosclerosis (generalized) — INTERVAL BETWEEN ONSET AND DEATH: undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 450.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Gangrene left foot gangrene-left foot

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ] — **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

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** — COUNTY — STATE

21. I attended the deceased from 12-29-58, to 1-24-59 and last saw him alive on 1-24-59
Death occurred at 9:25 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. O. Richards (Degree or title) , M.D. — **22b. ADDRESS**: 2601 Whittier Street — **22c. DATE SIGNED**: 1-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **23b. DATE**: Jan 28 1959 — **23c. NAME OF CEMETERY OR CREMATORY**: Washington Park — **23d. LOCATION** (City, town, or county): St. Louis Co — (State): Mo

24. FUNERAL DIRECTOR: J.H.Randle & Son — ADDRESS: 3133 Bell Ave — **25. DATE REC'D BY LOCAL REG.**: JAN 27 59 — **26. REGISTRAR'S SIGNATURE**: J. Earl Smith, M.D. S.P.

(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

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 Esther K. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Washi

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.