

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007660

STATE FILE NUMBER

2 769
Registrar's No.

FILED MAR 10 1959

Registration District No. _____ Primary Registration District No. _____

300
-57
132
47
0

1- PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Saint Louis,</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Saint Louis,</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hart. Homer G, Phillips</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>2328 Biddle St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>R,</u> Last <u>Smith</u>			4. DATE OF DEATH Month <u>1</u> Day <u>22</u> Year <u>1959</u>			
5. SEX <u>Male</u> <u>2</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-28-1928</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>23</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Robert Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Washington</u>		14. NAME OF HUSBAND OR WIFE <u>Lucille Smith</u>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W.W. 2</u>	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT <u>Lucille Smith, 2328 Biddle Street Apt. 502</u> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhagic Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 1201 A on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Agnes M. Lucas</u> (Degree or title)	22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>1/23/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1-26-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Jefferson Bks.</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson Bks. Missouri</u>
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24. FUNERAL DIRECTOR <u>Ellis Funeral Home, 2820 Stoddard St.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>JAN 23 '59</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u> S.P.
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(Licensed Embalmer's Statement on Reverse Side)

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 Fulton E. Culkin

Licensed Embalmer No. 4198
P. O. Address St. Louis, Mo.

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.