Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007719
STATE FILE NUMBER

FILED MAR 10 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 1836

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Saint Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Saint Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Homer G. Phillips D.O.A. — Length of stay in lb	d. STREET ADDRESS (If outside, give location) 4404 B. Lindell Blvd. — Reside on Farm Yes [ ] No [X]

3 D.O.A.

3. NAME OF DECEASED (Type or print) First: Annie	Middle:	Last: Trigg	4. DATE OF DEATH Month 2 - Day 18 - Year 1959	
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] / DIVORCED [ ]	8. DATE OF BIRTH 2 - 4 - 1897	9. AGE (In years last birthday) 69 yrs. — 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) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Prattville, Alabama	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Edd Green	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE John Trigg		
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 Address John Trigg-4404 B. Lindell Blvd.		

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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 332X

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 [X] NO [ ]

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 ..... to ..... and last saw her/him alive on .....
Death occurred at 7:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph McQuinn Deputy Coroner 3	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 2/20/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal to Montgomery Ala.	23b. DATE 2-21-59	23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) Prattville,	(State) Alabama	
24. FUNERAL DIRECTOR Gus Lowe	ADDRESS - 2930 Dickson Street	25. DATE RECD. BY LOCAL REG. FEB 20 '59
26. REGISTRAR'S SIGNATURE Karl Smith, M.D.		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Larry H. Bannister

Licensed Embalmer No. 4523

P. O. Address 4251 Washing

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.