Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007793
STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 619

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DOA Homer G. Phillips — Length of stay in 1b 3	d. STREET ADDRESS (If outside, give location) 3123A Bell — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Toliver Middle Last Wilborn		4. DATE OF DEATH Month Day Year Jan. 14, 1959	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH June 5, 1919
9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months 7 Days 9	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY M.A.C.	11. BIRTHPLACE (City and state or country) Marbell, Arkansas 1	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Clay Wilborn	13b. MOTHER'S MAIDEN NAME Luckyado	14. NAME OF HUSBAND OR WIFE Jessie Mae Wilborn	
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. 327-12-1372	17. INFORMANT Josie Mae Wilborn Address 3123A Bell	

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 Hemorrhage — 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) 331X

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 ☐

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 _____ and last saw her/him alive on _____

Death occurred at 1048 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick J. Flaylor Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 1-19-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/19/59	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
24. FUNERAL DIRECTOR E. R. Rooney	ADDRESS 1221 N Grand	25. DATE RECD. BY LOCAL REG. JAN 19 '59
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D.		

(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 Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address 1221 N [illegible]

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.