

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014617

STATE FILE NUMBER

2 3590

MAY 1 1959		Registration District No. _____		Primary Registration District No. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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 Saint Louis,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Saint Louis,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION Mr. Homer G. Phillips		Length of stay in lb _____		d. STREET ADDRESS 4122 A. Finney Avenue		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last George NMN Allen				4. DATE OF DEATH Month Day Year 4 7 1959			
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 3-1-1906		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days 7 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Allen		13b. MOTHER'S MAIDEN NAME Cora Hall		14. NAME OF HUSBAND OR WIFE Divorced			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. ?		17. INFORMANT Ira Williams 4017 Cook Avenue			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism - Following Fall on Steps off Home on or about MARCH 28th 1959 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ACCIDENT DUE TO (c) E 900.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" 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.) SEE ABOVE					
20c. TIME OF INJURY Hour Month, Day, Year a.m. 3-28-59 p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 111 Home	
20f. CITY, TOWN, OR LOCATION St Louis		COUNTY MO		STATE			
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Ira Williams (Degree or title) 3				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 4/10/59	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 4-12-59		23c. NAME OF CEMETERY OR CREMATORY Commerce Cemetery		23d. LOCATION (City, town, or county) (State) Commerce, Missouri	
24. FUNERAL DIRECTOR Ellis Funeral Home 2820 Stoddard Street				25. DATE RECD. BY LOCAL REG. APR 1 0 59		26. REGISTRAR'S SIGNATURE Rosal Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
1-57

**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. Culp*

Licensed Embalmer No. *4198*

P. O. Address ..... *[Signature]*

**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.**