THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015134

STATE FILE NUMBER

FILED MAY 6 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 3977

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 35 yrs.

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) 4457 Washington — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Ulysses — Middle: Grant — Last: Holmes

4. DATE OF DEATH Month 4 Day 20 Year 59

5. SEX Male 2
6. COLOR OR RACE Negro 3
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH June 22,1893
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months 9 Days 28 — IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (City and state or country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Margaret Holmes
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. 497-10-7661
17. INFORMANT Janie Sampson Ballard — Address 3352 W. Walnut Chicago, Ill

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) Suppurative Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Benign Hypertrophy of the Prostate — 6 mos.
DUE TO (c) 610X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus
19. WAS AUTOPSY PERFORMED? YES [ ] NO [XX] 2

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 3-30-59, to 4-20-59 and last saw him alive on 4-20-59
Death occurred at 7:28 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Merle B. Herriford, M.D.
22b. ADDRESS 2601 Whittier Street
22c. DATE SIGNED 4-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Apr. 24,1959
23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR Randle & Son — ADDRESS 3133 Bell Ave.
25. DATE RECD. BY LOCAL REG. APR 22 '59
26. REGISTRAR'S SIGNATURE MJB Carl Smith, M.D.

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 embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student ..... Signed Esther K. Harris

Signature of Student Embalmer

Licensed Embalmer No. 4458

P. O. Address 4181 Washi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.