

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015870

FILED MAY 6 1959

Registration District No. Primary Registration District No.

STATE FILE NUMBER
Registration No. 3731

300
1-57
8
394
0

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Length of stay in 1b		d. STREET ADDRESS 3947 Ashland		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Gussie			First	Middle	Last	4. DATE OF DEATH 4 11 59		Month	Day	Year	
5. SEX Female	3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-26-1890		9. AGE (In years last birthday) 68	10. UNDER 1 YEAR 10 16	11. 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) HONEY GROVE, TEX		12. CITIZEN OF WHAT COUNTRY? U. S. A				
13a. FATHER'S NAME JIM SMITH			13b. MOTHER'S MAIDEN NAME MINERIA ?			14. NAME OF HUSBAND OR WIFE JOHN TURNER					
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 FRANCIS YOUNG 3947 ^a ASHL						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lung Abscesses								INTERVAL BETWEEN ONSET AND DEATH undet.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								521X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia, Chronic Pyelonephritis								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 _____ a.m. _____ p.m. _____											
20d. INJURY OCCURRED WHILE AT WORK <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 3-10-59 to 4-11-59 and last saw her alive on 4-11-59 Death occurred at 7:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE A. G. Inasw						(Degree or title) M.D.			22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 4-14-59

23a. BURIAL, CREMATION, REMOVAL REMOVAL	23b. DATE 4-18-59	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD	23d. LOCATION (City, town, or county) (State) St. Louis MO
24. FUNERAL DIRECTOR A. F. WALTON 2007 Stoddard		25. DATE RECD. BY LOCAL REG. APR 15 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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 *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Old*

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.