

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS AUG 24 1959

59-030501
 STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 7243**

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 St. Louis		Length of stay in 1b	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		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1009 N. 20th St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Willie Middle Humes Last Humes			4. DATE OF DEATH Month 8 Day 1 Year 59			
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5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 29 Oct. 1903	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Scott Mississippi	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Alonzo Humes	13b. MOTHER'S MAIDEN NAME Mary	14. NAME OF HUSBAND OR WIFE- Elizabeth Humes
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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. no	17. INFORMANT Address Elizabeth Humes 1009 N. 20th St.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH Undet.
IMMEDIATE CAUSE (a)	Gastric intestinal hemorrhage.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	bleeding esophageal varices	
DUE TO (b)	Relieved's Cirrhosis.	
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year	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
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21. I attended the deceased from 6-21-59 to 7-31-59 and last saw ^{xx} her alive on 7-31-59 Death occurred at 12:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Begin or title) Sydney A. Weaver, M.D.	22b. ADDRESS 2601 N. Whittier St.	22c. DATE SIGNED 8-3-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 7 Aug. 1959	23c. NAME OF CEMETERY OR CREMATORY Washington Park	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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24. FUNERAL DIRECTOR ADDRESS Reliable Funeral Sys. 1389 N. Union	25. DATE RECD. BY LOCAL REG. AUG 4 '59	26. REGISTRAR'S SIGNATURE Karl Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John K. Cooney

Licensed Embalmer No. 4476

P. O. Address 2405 M

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.