

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 5 7 6 8

FILED VS DEC 21 1959

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

811218

UNDECEASED

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) 4537a Garfield		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Lander Middle Muzzle Last			4. DATE OF DEATH Month 11 Day 30 Year 59						
5. SEX Male	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 12-28-91	9. AGE (last birthday) 67 YRS	IF UNDER 1 YEAR Months 11 Days 2	IF UNDER 24 HR Hours 2 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) HELENA, ARK		12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME WILLIAM MUZZLE			13b. MOTHER'S MAIDEN NAME MINERA COLEMAN			14. NAME OF HUSBAND OR WIFE -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WORLD WAR I			16. SOCIAL SECURITY NO.		17. INFORMANT LUSINDA BAKER 4537^a GARFIELD			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Insufficiency							INTERVAL BETWEEN ONSET AND DEATH Undet.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease							Undet.		
DUE TO (c) 420.0									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Arteriosclerosis					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.)					
20c. TIME OF INJURY Hour 9:45 Month, Day, Year 11-14-59		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 11-30-59		COUNTY	STATE
21. I attended the deceased from 11-14-59 to 11-30-59 and last saw him alive on 11-30-59			Death occurred at 9:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Sydney A. Shan				22b. ADDRESS 2601 N. Whittier St.			22c. DATE SIGNED 12-1-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 12-7-59	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.		23d. LOCATION (City, town, or county) JEFFERSON BARRACK, MO				
24. FUNERAL DIRECTOR A.F. WALTON 2707 STODDARD ST				25. DATE RECD. BY LOCAL REG. DEC 3 1959		26. REGISTRAR'S SIGNATURE Roan Smith, M.D.			

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 W. C. Lunde
Signature of Licensed Embalmer

Licensed Embalmer No. 3489

P. O. Address 1123 N. E.

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.