

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH									
318 1003 4224 -61-015406									
AMENDED FILED MAY 10 1961 Registration District No. Primary Registration District No. Registrar's No. STATE FILE NUMBER									
1. PLACE OF DEATH									
a. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b									
c. CITY OR TOWN St. Louis									
c. FULL NAME OF (If NOT in hospital, give location) Inside Limits									
HOMER G. PHILLIPS Yes No									
d. STREET ADDRESS (If outside, give location) Reside on Farm									
4256 Washington Yes No									
3. NAME OF DECEASED First Middle Last									
Freddie Lee McKinney									
4. DATE OF DEATH Month Day Year									
4 22 61									
5. SEX Male									
6. COLOR OR RACE Negro									
7. Married Never Married Widowed Divorced									
8. DATE OF BIRTH 4-19-61									
9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR									
Months Days Hours Min.									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)									
10b. KIND OF BUSINESS OR INDUSTRY									
11. BIRTHPLACE (City and state or country)									
Saint Louis, Missouri									
12. CITIZEN OF WHAT COUNTRY USA									
13a. FATHER'S NAME									
13b. MOTHER'S MAIDEN NAME									
Freda Mae Wiggins									
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)									
16. SOCIAL SECURITY NO.									
17. INFORMANT Address									
Mrs. Mary D. Jett, R.R.L. 2601 N. Whittier									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)									
PART I. DEATH WAS CAUSED BY:									
IMMEDIATE CAUSE (a) Prematurity									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
DUE TO (b) 776 X									
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.									
Yes No Unknown									
19. WAS AUTOPSY PERFORMED? YES NO									
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 4-19-61 to 4-22-61 and last saw him alive on 4-22-61									
Death occurred at 11:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degrees or title)									
22b. ADDRESS									
22c. DATE SIGNED									
23a. BURIAL, CREMATION, REMOVAL (Specify)									
23b. DATE MAY 31 1961									
23c. NAME OF CEMETERY OR CREMATORY Anatomical Board									
23d. LOCATION (City, town, or county) (State)									
St. Louis, Mo.									
24. FUNERAL DIRECTOR ADDRESS									
25. DATE RECD. BY LOCAL REG.									
26. REGISTRAR'S SIGNATURE									

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,

for by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.