

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-035136

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8876 STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY St. Louis, Missouri  
Homer G. Phillips  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN \_\_\_\_\_ Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Inside Limits Yes  No   
 d. STREET ADDRESS 4024 W. Belle (If outside, give location) \_\_\_\_\_ Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Mary Middle Arner Last Wise 4. DATE OF DEATH Month September Day 22 Year 1961

5. SEX Female 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 3-20-1900 9. AGE (last birthday) 61 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) Lyon, Miss. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James Dickson 13b. MOTHER'S MAIDEN NAME Annie (Unknown) 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) No 17. INFORMANT Mrs. Jimmie Grant - 4024 W. Belle 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) Pulmonary Edema extensive  
 DUE TO (b) Chronic Hypertrophic Myocarditis  
 DUE TO (c) 422.2  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_ Death occurred at \_\_\_\_\_ 1038 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph M. [Signature] (Deputy or Registrar) 22b. ADDRESS 1300 C [Signature] 22c. DATE SIGNED 9-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Washington St. 9-29-61 23b. DATE \_\_\_\_\_ 23c. NAME OF CEMETERY OR CREMATORY Washington Park 23d. LOCATION (City, town, or country) St. Louis Co. Mo. (State) \_\_\_\_\_

24. FUNERAL DIRECTOR 2410 N. Grand Ave. Riverside Mortuary 25. DATE RECD. BY LOCAL REG. SEP 25 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

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 Leroy W. Zimmerman

Licensed Embalmer No. 4523

P. O. Address 4251 Wadsworth

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.