

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024512

5905

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5905**

FILED JUL 2 1962	
<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <b>Missouri</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b> Length of stay in 1b _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Missouri</b> b. COUNTY _____</p> <p>c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <b>3742 Page Blvd.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>3. NAME OF DECEASED</b> First <b>Baby</b> Middle _____ Last <b>Cook</b></p>	
<p><b>4. DATE OF DEATH</b> Month <b>6</b> Day <b>3</b> Year <b>62</b></p>	
<p><b>5. SEX</b> <b>Male</b></p>	<p><b>6. COLOR OR RACE</b> <b>Negro</b></p>
<p><b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p><b>8. DATE OF BIRTH</b> <b>6-2-62</b></p>
<p><b>9. AGE</b> (last birthday) IF UNDER 1 YEAR _____ IF UNDER 24 HR _____ Months _____ Days _____ Hours _____ Min. _____</p>	
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) _____</p>	
<p><b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____</p>	
<p><b>11. BIRTHPLACE</b> (City and state or country) <b>Saint Louis, Missouri</b></p>	
<p><b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b></p>	
<p><b>13a. FATHER'S NAME</b> <b>Henry Cook</b></p>	
<p><b>13b. MOTHER'S MAIDEN NAME</b> <b>Ella Gray</b></p>	
<p><b>14. NAME OF HUSBAND OR WIFE</b> _____</p>	
<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____</p>	
<p><b>16. SOCIAL SECURITY NO.</b> _____</p>	
<p><b>17. INFORMANT</b> <b>Hosp.</b> Address <b>Homer G. Phillips 2601 N. Whittier</b></p>	
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <b>Prematurity</b></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____</p> <p>_____ } DUE TO (c) <b>776X</b></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p> <p>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</p>	
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p><b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/></p>	
<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____</p>	
<p><b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	
<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/></p>	
<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>	
<p><b>20f. CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____</p>	
<p><b>21. I attended the deceased from</b> <b>6-2-62</b> to <b>6-3-62</b> and last saw <sup>next</sup> him alive on <b>6-3-62</b> Death occurred at <b>12:15</b> a. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p><b>22a. SIGNATURE</b> <i>Homer G. Phillips Jr. M.D.</i> (Degree, title) <b>22b. ADDRESS</b> <b>2601 N. Whittier Ave.</b> <b>22c. DATE SIGNED</b> <b>6-5-62</b></p>	
<p><b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) _____ <b>23b. DATE</b> <b>6-3-1962</b> <b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Anatomical Board</b> <b>23d. LOCATION</b> (City, town, or county) <b>St. Louis, Mo.</b> (State) _____</p>	
<p><b>24. FUNERAL DIRECTOR</b> <b>Rowland Mortuary Svc.</b> <b>ADDRESS</b> <b>4104-06 Manchester</b> <b>25. FILED BY</b> <b>JUN 14 1962</b> <b>REG.</b> <b>26. REGISTRAR'S SIGNATURE</b> <i>Loan Smith, M.D.</i></p>	

DO NOT WRITE ON THIS STUB  
 AMENDED  
 VS 300 Rev. 4/59  
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 2 **21**  
 3  
 4 **2**  
 5 **0**  
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**77**  
 USE BLACK INK OR TYPEWRITER RIBBON  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 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 \_\_\_\_\_

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.