

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013314

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3344

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 28 1963

1. PLACE OF DEATH a. COUNTY Missouri		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) St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 5512 Maple	
3. NAME OF DECEASED (Type or print) Maggie Grimm		4. DATE OF DEATH 3 19 63	
5. SEX Fem.	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 12-25-1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Brooksville, Miss. USA
13a. FATHER'S NAME Gabriel Sherrard		13b. MOTHER'S MAIDEN NAME Mattie (Unknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Dora Crigler 5580 Labadie Ave.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pleural Effusion Azotemia - Arteriolar Nephrosclerosis Renal Insufficiency			INTERVAL BETWEEN ONSET AND DEATH 2 days Undet.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 446X			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <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 a.m. p.m.	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 St. Louis	
21. I attended the deceased from 3-7-63 to 3-19-63 and last saw him her alive on 3-19-63		21. Death occurred at 5:17 A. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Merle B. Hemphill M.D.		22b. ADDRESS 2601 N. Whittier	
22c. DATE SIGNED 3-21-63		22d. DATE RECD. BY LOCAL REG. MAR 22 1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-25-63	
23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR A. L. Beal Und. Co. 4303 Delmar		25. DATE RECD. BY LOCAL REG. MAR 22 1963	
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

VS 300 Rev. 4/59

1	2	3	4	5	6	7	8	9	10	11	12	13
	205		3	2		1	1	+			77-0	
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS												
INSTEAD OF												
1. DATE AMENDED												
4/5/63												
2. PLEURAL EFFUSION -												
AZOTEMIA												
3. RENAL INSUFFICIENCY												
DOCUMENT												
BY AFFIDAVIT OF attending physician												

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

18a Uremia 2 days
18b Arteriolar Nephrosclerosis
18c Should be left blank

MEDICAL CERTIFICATION

Missouri
St. Louis
Missis

St. Louis
Homer G. Phillips

03 19 03

Grim

Maggio

Neuro

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. _____

x working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur L. Halliard

Licensed Embalmer No. 4221

P. O. Address 3100 Eastern

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.

03-15-03