

No. 2
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23397**
Registrar's No. **5842**

AUG 25 1940
Registration District No. **7911**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Homer G. Phillips

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Homer G. Phillips Hosp.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____

(c) City or town St. Louis **22**
(If outside city or town limits, write "RURAL")

(d) Street No. 2723 Bernard St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Julia Adams **352**

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Female **5. Color or race** Negro **6. (a) Single, widowed, married, divorced** Widow

6. (b) Name of husband or wife unk **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased Feb. 9, 1917
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6, 1940
year 1940 hour 2:40 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 4 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Arkansas _____
(City, town, or county) (State or foreign country)

10. Usual occupation Nil _____

11. Industry or business Nil _____

MOTHER FATHER { **12. Name** Jerry Oats _____

{ **13. Birthplace** Unknown _____
(City, town, or county) (State or foreign country)

{ **14. Maiden name** Nancy Turner _____

{ **15. Birthplace** unknown _____
(City, town, or county) (State or foreign country)

Immediate cause of death Myocardial Infarction (Coronary)

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Attorney Weeks

(b) Address 2723 Bernard

17. (a) Burial (b) Date thereof July 11 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director P. L. Barry

(b) Address 2829 Washington

19. (a) JUL 11 1940 (b) J. F. Braddeck
(Date received and registered) (Signature of Registrar)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work _____ (b) Means of injury _____

23. Signature Joe M. Quinn (M., D., or other) _____
Address Deputy Coroner Date signed 7/11/40

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert M. Powell

Licensed Embalmer No. 3402

P. O. Address 3100 Franklin Ave

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 this body is not embalmed, above space should be left blank.