

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34963

State File No. 9345

318

1003

9345

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| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> c. LENGTH OF STAY (in this place) <u>40 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>2507 Glasgow</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) _____ c. (Last) <u>Bright</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4 1949</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Colored</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u> | | 8. DATE OF BIRTH <u>Jan. 10, 1875</u> | |
| 9. AGE (In years last birthday) <u>74</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>James Bright</u> | | 13b. MOTHER'S MAIDEN NAME <u>Eliza ??</u> | | 14. NAME OF HUSBAND OR WIFE <u>Oscar Dunlap, Friend</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unk</u> | | 16. SOCIAL SECURITY NO. <u>Unk</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Rhodes, 2601 N Whittier St</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Esophagus</u> ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u> | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Howe</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>137 X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>9-9</u> , 19 <u>49</u> , to <u>10-4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-4</u> , 19 <u>49</u> , and that death occurred at <u>2:20 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Dorton E. Phillips M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>2601 N Whittier St</u> | | 23c. DATE SIGNED <u>10-6-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE <u>OCT 31 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u> | | 24d. LOCATION (City, town, or county) (State) _____ | |
| DATE REC'D BY LOCAL REG. <u>OCT 31 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Laster</u> | | 25. FUNERAL HOME'S SIGNATURE <u>Rowland Mortuary Service Inc.</u> 4104 Manchester Ave. St. Louis 10, Mo. | | | |

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

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
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 this body is not embalmed, fact should be so stated above.