

FILED OCT 27 1950

STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 34565

8718

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo		c. CITY (If outside corporate limits, write RURAL and give township) TOWN St Louis 2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 5800 Arsenal	
3. NAME OF DECEASED (Type or Print) Elijah		4. DATE OF DEATH (Month) (Day) (Year) Oct. 13 1950	
5. SEX male		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
6. COLOR OR RACE Negro		8. DATE OF BIRTH 27 Feb 1883	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		9. AGE (In years last birthday) 67	
10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Mooresville, Mississippi	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Louis Barnes	
13b. MOTHER'S MAIDEN NAME Amenda Bolden		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Miss Lu Berta Barnes		ADDRESS 5025 Kensington.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus with abdominal Metastasis			INTERVAL BETWEEN ONSET AND DEATH Undet.
ANTECEDENT CAUSES Metastasis			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
DUE TO (b) Undetermined			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Essential Hypertension			
19a. DATE OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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? 150X	
22. I hereby certify that I attended the deceased from 9-29 , 19 50 , to 10-13 , 19 50 that I last saw the deceased alive on 10-13 , 19 50 , and that death occurred at 6:15 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE Julian Giles		23b. ADDRESS 2601 N Whittier St.	23c. DATE SIGNED 10-13-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 18th Oct 1950	24c. NAME OF CEMETERY OR CREMATORY Father Dickson	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. OCT 16 1950	REGISTRAR'S SIGNATURE J. B. Sasser	25. FUNERAL DIRECTOR'S SIGNATURE Cr. J. Nosh ADDRESS 3847 Page	

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.....

.....
working under my personal supervision.

Student Embalmer No. 376

Signed Philip S. Woods
Student Embalmer

Signed C. J. Nosh

Licensed Embalmer No. 2432

P. O. Address 384 Page

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.