

FILED NOV 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 39153
9157

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) 18 CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> 2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer H. Phillips</u>		e. STREET ADDRESS (If rural, give location) <u>5195 GARRISON</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>TITUS</u> b. (Middle) c. (Last) <u>WEBER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26 1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>April 2, 1894-56</u>	9. AGE (In years last birthday) <u>56</u> if UNDER 1 YEAR Months <u>April 2</u> if UNDER 2 HRS. Days Hours Min.
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10a. 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>nil</u>	11. BIRTHPLACE (State or foreign country) <u>Columbus Miss</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>The Weber</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Annie Weber</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Annie Weber</u>	ADDRESS <u>5195 Garrison</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compression Atelectasis Left lung contrib: - Fractured Ribs with Pneumothorax suffered when deceased fell from second floor porch to brick paved sidewalk</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>in front of 514 So Garrison Ave on or about Sept 14 1950</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>exact time unknown OOD Accident</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis MO</u>
21d. TIME OF INJURY <u>Sept 14 50 7 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>E9020</u>

22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at 120A m., from the causes and on the date stated above. (21)

23a. SIGNATURE <u>Joseph M. [unclear]</u>	23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>10/26/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 30/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>
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DATE REC'D BY LOCAL REG. <u>Oct 28 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. [unclear]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Felix Green</u>	ADDRESS <u>4214 Delmar</u>
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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..... *F. C. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

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.