

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1951

State File No. **14582**
3352
Registrar's No.

318

1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 14582 3352		
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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 28 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2229		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				2. STREET ADDRESS (If rural, give location) 2200 Walnut St				
3. NAME OF DECEASED (Type or Print) a. (First) Vinnie b. (Middle) _____ c. (Last) Pendleton			4. DATE OF DEATH (Month) (Day) (Year) April 6 1951		5. SEX Female		6. COLOR OR RACE Colored	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED WIDOW		8. DATE OF BIRTH 1-20-1906		9. AGE (In years last birthday) 45		10. UNDER 1 YEAR Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis MO		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME John Green		13b. MOTHER'S MAIDEN NAME Hattie Payne		14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Walter Phillips 2200 Walnut</i>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Tongue (Epidermoid) and Carcinoma of Lung (etiology undetermined) ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Undetermined DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Massive right Pleural Effusion				INTERVAL BETWEEN ONSET AND DEATH Undet.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) (Minute) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X						
22. I hereby certify that I attended the deceased from 1-30 , 19 51 , to 4-6 , 19 51 , that I last saw the deceased alive on 4-6 , 19 51 , and that death occurred at 10:15 a. m. , from the causes and on the date stated above.								
23a. SIGNATURE <i>Walter Phillips</i> (Degree or title) _____				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 4-9-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 4-10-51		24c. NAME OF CEMETERY OR CREMATORY OLIVE DALE		24d. LOCATION (City, town, or county) (State) St. Louis County MO		
DATE REC'D BY LOCAL REG. APR 10 1951		REGISTRAR'S SIGNATURE <i>J. W. Sasser</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Dennie Love</i> ADDRESS 3103 Washington				

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.....

Signed.....
Student Embalmer

Signed.....
J. E. Embalmer
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.