

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9968**

FILED MAR 29 1952

BIRTH NO. 17320 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2361

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Romer G. Phillips</b>		d. STREET ADDRESS (If rural, give location) <b>328 S. Garrison</b>	
3. NAME OF DECEASED a. (First) <b>Dwight</b>		b. (Middle) <b>Caroll</b>	
c. (Last) <b>Gant</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 20 52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>2-19-52</b>
9. AGE (In years last birthday) <b>22</b>		10. MONTHS <b>02</b>	11. DAYS <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Claude Gant</b>	
13b. MOTHER'S MAIDEN NAME <b>Ora Bell Holmes</b>		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>Arthur M. Shuman, M.D.</i>		ADDRESS <b>2601 N. Whittier</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxia Neonatorum</b>		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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>762.0</b>

22. I hereby certify that I attended the deceased from 2-19- 1952, to 2-20- 1952, that I last saw the deceased alive on 2-20- 1952, and that death occurred at 9:00A m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. D. Spinkles, M. D.</i>	(Degree or title)	23b. ADDRESS <b>2601 N. Whittier</b>	23c. DATE SIGNED <b>2-27-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>3-31-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Boare</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>

DATE REC'D BY LOCAL REG. <b>MAR 12 1952</b>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Rowland Mortuary Service</i>	ADDRESS <b>4104 Manchester Ave.</b>
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**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 \_\_\_\_\_

Signed .....  
Student 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.