

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10427**
Registrar's No. **1841**

BIRTH NO. **22219520** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) 2 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips		d. STREET ADDRESS (If rural, give location) 6 4739 Newcomb 0	

3. NAME OF DECEASED (Type or Print) a. (First) BOOKER	b. (Middle) T.	c. (Last) PHILLIPS JR	4. DATE OF DEATH (Month) (Day) (Year) Feb 26, 1952
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH Dec 25, 1951	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 1	IF UNDER 1 HRS. Days 1	Hours 1	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Booker T. Phillips	13b. MOTHER'S MAIDEN NAME Arnie Lee Green	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Booker T. Phillips ADDRESS 1453 Fallings Spring Rd East St. Louis, Ill.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
	ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malnutrition control:- DUE TO (c) Toxic diarrhea		
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"/>
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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)
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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? 5710
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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 100 A m., from the causes and on the date stated above.

23a. SIGNATURE Wesley Perry Quincy Carson (Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 2/27/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5	24b. DATE Feb 27, 1952	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois
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DATE REC'D BY LOCAL REG. FEB 27 1952	REGISTRAR'S SIGNATURE J. C. Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marshall Funeral Home-E. St. Louis, Ill.
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WRITE PLAINLY—USING UNFAADING 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 Thomas M. Debnor

Licensed Embalmer No. 4479

P. O. Address East St. Louis, Ill.

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.