

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH43423  
State File No. 1151587969  
LED JAN 10 1953

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 Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 15 hrs. 4 mins	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2229
d. FULL NAME OF (If not in hospital or institution, give street address or location) Homer G. Phillips			d. STREET ADDRESS (If rural, give location) 22 118 S. 21st		
3. NAME OF DECEASED (Type or Print) a. (First) Fuller b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 11 25 52		
5. SEX Fem. 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED U	8. DATE OF BIRTH 11-25-52	9. AGE (In years last birthday) 5 YRS	10. IF UNDER 1 YEAR 5 YRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Elizabeth Fuller		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 Elizabeth M. Howard ADDRESS 2601 N. Whittier		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial Hemorrhage  ANTECEDENT CAUSES DUE TO (b) Birth Injury Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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)		21f. HOW DID INJURY OCCUR? 7600	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from 11-25-1952 to 11-25-1952, that I last saw the deceased alive on 11-25-1952, and that death occurred at 1:25 Pm., from the causes and on the date stated above.					
23a. SIGNATURE M. D.			23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 12-2-52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12-31-52	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. DEC 9 1952	REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service ADDRESS 4104 Manchester Ave.		

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

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.**