

FILED FEB 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3820**
0763

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 MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give township) ST. LOUIS	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL, and give township) ST. LOUIS 2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer S. Phillips		d. STREET ADDRESS (If rural, give location) 4148 Delmar 0	
3. NAME OF DECEASED (Type or Print) a. (First) Larry b. (Middle) Powell c. (Last) Stringfellow		4. DATE OF DEATH (Month) (Day) (Year) Jan 20, 1953	
5. SEX M	6. COLOR OF RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH May 8, 1951
9. AGE (In years last birthday) 1	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In months) (Days) (Hours) (Min.) 1 8
10a. USUAL OCCUPATION		11. BIRTH PLACE (City and State or Foreign Country) Tenn	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Olomo Stringfellow	13b. MOTHER'S MAIDEN NAME Mary Barnett	14. NAME OF HUSBAND OR WIFE Mary
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mary Stringfellow
		ADDRESS 4148 Delmar

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) Acute Lymphatic			
DUE TO (c) Leukemia			
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? 2040
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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 **6:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor	(Degree or title) Coroner 3	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 1-21-53
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Jan 23/53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Trenton Tenn
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DATE REC'D BY LOCAL REG. JAN 23 1955	REGISTRAR'S SIGNATURE J.C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE W.D. 4217 Delmar	ADDRESS F.A. Freed
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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. A. Green

Licensed Embalmer No. 2963

P. O. Address 4314 Adams

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.