

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23043

State File No.

FILED JUL 2 - 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5989

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, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2/39	
c. LENGTH OF STAY (In this place) 1 Year		d. STREET ADDRESS (If rural, give location) 5400 Arsenal St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		13. NAME OF DECEASED a. (First) PHILLIP (Type or Print)	

b. (Middle) MISSEY			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 14, 1953		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH March 29, 1904		9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Rousan Missey		13b. MOTHER'S MAIDEN NAME Rhoda Hunt		14. NAME OF HUSBAND OR WIFE NEVER MARRIED	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Grace Blalock, 7717 Minnesota Ave.		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism				INTERVAL BETWEEN ONSET AND DEATH 1 yr x	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dehydration				1 day	
		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 type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X	
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22. I hereby certify that I attended the deceased from **June 23, 1952**, to **June 14, 1953**, that I last saw the deceased live on **June 14, 1953**, and that death occurred at **9:05 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John H. W. Moran M.D.		23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED 6/15/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 17, 53		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem		24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.	
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DATE REC'D BY LOCAL REG. JUN 16 1953		REGISTRAR'S SIGNATURE Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE Fandler Und., Co.		ADDRESS 7420 Michigan Ave	
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(Licensed Embalmer's Statement on Reverse Side)

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

W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address. ~~1007~~ *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.