

FILED JUL 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

27051

6202

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 | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2219</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOMER PHILLIP</u> | | d. STREET ADDRESS (If rural, give location) <u>21 800 No. JEFFERSON</u> | | | |
| 3. NAME OF DECEASED a. (First) (Type or Print) <u>EARL</u> | | b. (Middle) | | c. (Last) <u>WOODS</u> | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>C</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | |
| 8. DATE OF BIRTH <u>6-13-1905</u> | | 9. AGE (In years last birthday) <u>48</u> | | 10. IF UNDER 1 YEAR Months Days | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>CHARLESTON, MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? | | 13. IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIK</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) (C) | |
| 13a. FATHER'S NAME <u>UNKNOWN</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>IBEN</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>V.V.W. #1</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>IBEN WOODS</u> | |
| 18. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 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? <u>4343</u> | |
| 22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> and that death occurred at <u>1055A</u> from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Name or title) <u>Patrick E. Taylor</u> | | 23b. ADDRESS <u>1300 Clark</u> | | 23c. DATE SIGNED <u>6.22.53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>6-24-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>JEFFERSON MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Carl Smith, MD</u> | | 25. FUNERAL DIRECTOR'S ADDRESS <u>Bennie Love 3103 Washington</u> | |

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

JUL 28 1937

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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 45-75 Alder

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.