

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34294**  
Registrar's No. **9407**

FILED OCT 15 1953

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

No. 300  
10.48

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2119</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>11 Dys</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>4052 Cottage</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Skyлар</b> b. (Middle) <b>West</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>9 27 53</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>March 4, 1900</b>
9. AGE (In years last birthday) <b>53</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>15</b>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Clover Ben Ark.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Coleman Rice</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Ambus West</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>No.</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ambus West</b>		ADDRESS <b>219 Chicago St</b>	
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) <b>Coronary Heart Disease</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>H201</b>			
22. I hereby certify that I attended the deceased from <b>9-15</b> , 1953, to <b>9-27</b> , 1953, that I last saw the deceased alive on <b>9-27</b> , 1953, and that death occurred at <b>8:00 Pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. J. Corwin</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>2601 N. Whittier</b>	
23c. DATE SIGNED <b>9-30-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 7, 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Scott Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Walnut Ridge Ark.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 30 1953</b>		REGISTRAR'S SIGNATURE <b>John W. Hemphill</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>John W. Hemphill</b>		ADDRESS <b>408 S. Fillmore Ave.</b>	

(Licensed Embalmer's Statement on Reverse Side)

KLEWCO CU ST. MO

**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.....  
Signature of Student Embalmer

Signed *James A. Hyatt*.....  
Licensed Embalmer No. *444*.....  
P. O. Address *408 S. First*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.