

34333

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

7965

No. 300
10.48

FILED SEP 24 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY HOMER. G. PHILLIPS.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE St Louis b. COUNTY MO 2217	
b. CITY OR TOWN St Louis MO	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER. G. PHILLIPS		d. STREET ADDRESS (If rural, give location) 27 1821 A O FALLON ST	

3. NAME OF DECEASED (Type or Print) a. (First) Dave b. (Middle) Willis c. (Last) Willis	4. DATE OF DEATH (Month) (Day) (Year) 8-13-53
---	---

5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-1-1900	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) MEMPHIS MISS		12. CITIZENSHIP OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Jim Willis	13b. MOTHER'S MAIDEN NAME Rosie Patens	14. NAME OF HUSBAND OR WIFE Luey Willis
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 426-24-8862	17. INFORMANT'S SIGNATURE OR NAME Luey Willis	ADDRESS 1821 ofallon
---	---	---	--------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extensive slough of skin and subcutaneous tissue		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) of legs, buttocks and		
	DUE TO (c) scrotum		
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? 260X

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 **6:00** p.m., from the causes and on the date stated above.

23. SIGNATURE Joseph M. [Signature] (Death or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 8/14/53
--	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 8-17-53	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St Louis MO
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. AUG 15 1953	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE DAVIS AND BROWN	ADDRESS 1405 Biddle
--	---	--	-------------------------------

30 (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.....

Leroy W. Jannista

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton*

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.