

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44064**  
Registrar's No. **11758**

FILED DEC 17 1953

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY				
b. CITY OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>ST. LOUIS</b>		2109		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homen. G. Phillips</b>				d. STREET ADDRESS (If rural, give location) <b>10 3038 Ashland</b>				
3. NAME OF DECEASED (Type or Print) <b>Amie Amos</b>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <b>Dec 10, 1953</b>		(Month)		(Day)		(Year)		
5. SEX <b>F</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>July 5, 1894</b>		
9. AGE (in years last birthday) <b>59</b>		IF UNDER 1 YEAR		IF UNDER 1 YEAR		IF UNDER 1 YEAR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Ark</b>		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <b>Lee Andrew</b>			13b. MOTHER'S MAIDEN NAME <b>Mattie Witham</b>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Lavannah James</b> ADDRESS <b>3038 Ashland</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>Hypertensive Heart Disease</b>				
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 <b>None</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR <b>443K</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from <b>11-17, 1953</b> , to <b>12-9, 1953</b> , that I last saw the deceased alive on <b>12-9, 1953</b> , and that death occurred at <b>5 p. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Worrene H. Little M.D.</b>				23b. ADDRESS <b>3167 Sheridan Ave</b>		23c. DATE SIGNED <b>12/12/53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Dec 14/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park St Louis</b>		24d. LOCATION (City, town, or county) (State) <b>MO</b>		
DATE REC'D BY LOCAL REG. <b>DEC 14 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>F. A. Green 4214 Delmar</b>				

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

4277 020 7.1

**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. C. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 DeLima*

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.