

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2693

State File No.

FILED FEB 2 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0403

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home G. Phillip</u>		d. STREET ADDRESS (If rural, give location) <u>25 1735 Cole</u>	
3. NAME OF DECEASED (Type or Print) <u>Estham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 11 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 8, 1865</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Phil</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) <u>Miss</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Jacob Curry</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Clara Curry</u>		ADDRESS <u>1735 Cole</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) <u>Coronary Occlusion</u>		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Arteriosclerosis</u>		
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 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? <u>4201</u>

22. I hereby certify that I attended the deceased from _____, 1954, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1120 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph H. Green</u> (Degree or title) <u>2</u>	23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>1/15/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan 15, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Car Sale</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>	2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. H. Green 4214 Delmar</u>	
DATE REC'D BY LOCAL REG. <u>JAN 15 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	

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 Delmar*

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

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