

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 3403
0463

FILED FEB 2 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G Phillips Hospital</u>		STREET ADDRESS (If rural, give location) <u>4335 Evans</u> <u>2119</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) c. (Last) <u>Washington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 15, 1897</u>
9. AGE (In years last birthday) <u>56</u>	# UNDER 1 YEAR Months <u>5</u>	Days <u>25</u>	# UNDER 1 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Messenger</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Internal Revenue</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WaterProof, Louisiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Washington, Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Elsie ?</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Washington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie Burton, 3228 Lucas Avenue</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>			
* ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardio Vascular Disease</u> DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Duodenal Ulcer</u> <u>Right Hemiplegia</u>			
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>443X</u>	
22. I hereby certify that I attended the deceased from <u>1-4</u> , 19 <u>54</u> , to <u>1-11</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1-11</u> , 19 <u>54</u> , and that death occurred at <u>1:25a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edw B Williams M. D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>	23c. DATE SIGNED <u>1-12-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemo</u>	24d. LOCATION (City, town, or county) (State) <u>Berkeley City 21, Missouri</u>
DATE REC'D BY LOCAL REG. <u>JAN 16 1954</u>	REGISTRAR'S SIGNATURE <u>Carl Smith Md</u> <u>NK</u>	2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>People's Und. Co., 3100 Franklin Av.</u>	

(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.....
Signature of Student Embalmer

Signed..... *H. Claude Goss*

Licensed Embalmer No. *34*

P. O. Address *45-75*

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.