

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17096  
Registrar's No. 4175

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
		d. STREET ADDRESS (If rural, give location) 19 3874 Delmar	

3. NAME OF DECEASED (Type or Print) a. (First) CLARE b. (Middle) c. (Last) Burks			4. DATE OF DEATH (Month) (Day) (Year) May 5 1954		
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH Aug. 20, 1923	
				9. AGE (In years last birthday) 30	
				11. BIRTHPLACE (City and State or Foreign Country) Natchez, Miss.	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Cecil Mangee		13b. MOTHER'S MAIDEN NAME Mary Downs		14. NAME OF HUSBAND OR WIFE Sam Burks	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Washington 3033 Pine St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*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) <u>Edema of Brain; Pulmonary Congestion; Acute Alcoholism!</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Deceased was placed in bed near of 1424 Mills Terrace</u>					
		DUE TO (b) <u>April 30 1954 and found pronounced dead May 5</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9 54 at 707 pm</u>					
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 3220	

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 707 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph W. Deem</u> (Degree or title)		23b. ADDRESS <u>21300 Clark</u>		23c. DATE SIGNED <u>5/10/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/10/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetary</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		DATE REC'D BY LOCAL REG. <u>MAY 10 1954</u>		REGISTRAR'S SIGNATURE <u>Wm. Smith</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Smith</u>		ADDRESS <u>4019 Washington</u>	

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.....

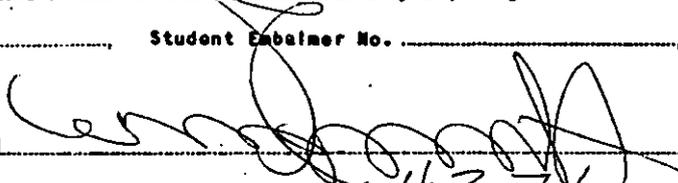
..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....



Licensed Embalmer No. 4371

P. O. Address St. James

**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.