

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25074

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6035

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION _____

e. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED (Type or Print) Pronounced dead Homer Phillips

a. (First) Phillip b. (Middle) _____ c. (Last) Perry 4. DATE OF DEATH (Month) (Day) (Year) July 2, 1954

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH April-1883 9. AGE (In years last birthday) or UNDER 1 YEAR or UNDER 4 Wks. (Month) (Days) (Hours) (Min.) 71

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Arkansas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Patrick Perry 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Arthur Perry - 1824 O'Fallon ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, stomach

ANTECEDENT CAUSES DUE TO (b) with metastases

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) to liver.

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 NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 151X

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 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) Patrick E. Taylor, Coroner 23b. ADDRESS 1500 Clark 23c. DATE SIGNED 7-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE July 6, 1954 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem. 24d. LOCATION (City, town, or county) (State) St. Louis County - MO

DATE REC'D BY LOCAL REG. JUL 6 1954 REGISTRAR'S SIGNATURE J. Charles Smith 25. FUNERAL DIRECTOR'S SIGNATURE W. English ADDRESS 1123 N. Taylor

(Licensed Embalmer's Statement on Reverse Side)

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

3

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 *Hallace T. Williams*

Licensed Embalmer No. *492*
4534 Lexington
P. O. Address *D. Jones*

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.