

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 - 1954

State File No. **25320**  
Registrar's No. **6803**

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

1. PLACE OF DEATH a. COUNTY <b>St Louis - Missour</b>		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, Mo</b>		c. CITY OR TOWN <b>St Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) _____		e. STREET ADDRESS (If rural, give location) <b>4539 Aldene 2119</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Romer Phillips</b>			

3. NAME OF DECEASED (Type or Print) <b>CORRINA</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 21 1954</b>		
a. (First)	b. (Middle)	c. (Last)			
5. SEX <b>F.</b>			6. COLOR OR RACE <b>Coh.</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>WIDOWED</b>			8. DATE OF BIRTH <b>JUNE 10. 1867</b>		
9. AGE (In years last birthday) <b>87</b>			# UNDER 1 YEAR	1 YEAR	# UNDER 1 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <b>Nick.</b>		
11. BIRTHPLACE (City and State or Foreign Country) <b>PHADAMA</b>			12. CITIZEN OF WHAT COUNTRY? <b>Yes</b>		

13a. FATHER'S NAME <b>JIM JONES</b>		13b. MOTHER'S MAIDEN NAME <b>Carbone Jones</b>		14. NAME OF HUSBAND OR WIFE <b>Dead.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ma J. S. S. C. Taylor</b> ADDRESS <b>4539 Aldene</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension Cardiovascular</b>		INTERVAL BETWEEN ONSET AND DEATH <b>342</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>		
	DUE TO (c) <b>Chronic Glomerulo Nephritis</b>		
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 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>592x</b>	

22. I hereby certify that I attended the deceased from **Nov 15, 1951**, to **July 22, 1954**, that I last saw the deceased alive on **7-21-54**, and that death occurred at **12:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. E. Moore MD</b> (Degree or title)		23b. ADDRESS <b>8097 Jefferson</b>		23c. DATE SIGNED <b>7-25-54</b>	
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Reph</b>		24b. DATE <b>7/23/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Columbus Missour</b>	
24d. LOCATION (City, town, or county) (State) <b>Columbus, Miss 2183pp</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>HERMANN D. SMITH</b> ADDRESS <b>4247 W. Babadre</b>			
DATE REC'D BY LOCAL REG. <b>JUL 23 1954</b>		REGISTRAR'S SIGNATURE <b>Charles Smith MD</b>			

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 *W. Claude Gordon*.....

Licensed Embalmer No. *348*.....

P. O. Address *4575 A.H.*.....

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.