

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28876

State File No. 7505

318

1003

Registrar's No.

No. 200

10.48

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS				c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIP				d. STREET ADDRESS (If rural, give location) 3803 MAFFETT AV			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIE b. (Middle) ERVIN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 8 8 54				
5. SEX M	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH SEPT. 9 1925	9. AGE (In years last birthday) 29	10. UNDER 1 YEAR Months 10 Days 30	11. UNDER 1 Wks. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ARK.		12. CITIZEN OF WHAT COUNTRY? 1	
13a. FATHER'S NAME HAL ERVIN		13b. MOTHER'S MAIDEN NAME OLA PULLUM		14. NAME OF HUSBAND OR WIFE L			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Helen B. Little Rock			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Intra-Cerebral Hemorrhage. Contrib: - Stat ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Deceased of chest protruding the superior vena cava, ruptured when cut with knife II. OTHER SIGNIFICANT CONDITIONS hands of one Luerk Johnson, home Sat 4028 Lincoln Ave., about 11:00 am. Aug 8th, 1954.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Homicide		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 8 54 12:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E982X			
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 2:00A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Catrine F. Taylor Corcoran				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8.11.54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-14-54		24c. NAME OF CEMETERY OR CREMATORY Little Rock, Arkansas		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. AUG 13 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Walter F. Walter		ADDRESS 2707 Stoddard	

(Licensed Embalmers' Statement on Reverse Side)

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

SEP 2 1950

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.