

STANDARD CERTIFICATE OF DEATH

35279

State File No.

FILED OCT 26 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 9008

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|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) <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</u> | | e. STREET ADDRESS (If rural, give location) <u>2229 424 SO. JEFFERSON AVE</u> | |
| 3. NAME OF DECEASED a. (First) <u>LONIE</u> (Type or Print) | | b. (Middle) | c. (Last) <u>DARK</u> |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>NEGRO</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>8-10-1891</u> |
| 9. AGE (In years last birthday) <u>63</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>KENTON, TENN.</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? |
| 13a. FATHER'S NAME <u>CHARLIE CASON</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>MR SPIO DARK</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>Silva deli, 424 So. JEFFERSON</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) - <u>DEGENERATIVE HEART DISEASE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>BRONCHIAL ASTHMA</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) <u>422.2</u> | | 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? | |
| 22. I hereby certify that I attended the deceased from <u>9/5, 1954</u> to <u>9/27, 1954</u> , that I last saw the deceased alive on <u>9/27, 1954</u> , and that death occurred at <u>6:15 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Clara H. Beane</u> | | 23b. ADDRESS <u>205 So. Jefferson Ave</u> | |
| 23c. DATE SIGNED <u>10/2/54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>10-5-54</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST LOUIS CO, MO</u> | |
| DATE REC'D BY LOCAL REG <u>OCT 5 1954</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennie Love</u> | | ADDRESS <u>3103 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.....
Signature of Student Embalmer

Signed *H. Claude Gordon*.....

Licensed Embalmer No. *3128*.....

P. O. Address *4575 Al*.....

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.