

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42402
10562
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		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 Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>20 2803 Madison</u>				
3. NAME OF DECEASED (Type or Print) <u>Tinney</u>			a. (First)		b. (Middle)		c. (Last) <u>Gomillion</u>	
4. DATE OF DEATH		(Month) <u>11</u>		(Day) <u>16</u>		(Year) <u>54</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>18 Dec 1914</u>		
9. AGE (In years last birthday) <u>39</u>		f UNDER 1 YEAR Months _____		g UNDER 24 HRS. Days _____		Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Factory Work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Moro Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Joyce Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Lucinda Grayboy</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, and how) <u>No</u>		16. SOCIAL SECURITY NO. <u>430-03-6089</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Archie Grayboy</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sub-Arachnoid Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undt.</u>		
*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.		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>Congenital Aneurysm</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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>330X</u>				
22. I hereby certify that I attended the deceased from <u>10-24</u> , 19 <u>54</u> , to <u>11-16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-16</u> , 19 <u>54</u> , and that death occurred at <u>1:20 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Edw. B. Williams M.D.</u>				23b. ADDRESS <u>2601 N. Whittier</u>		23c. DATE SIGNED <u>11-17-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>22 Nov 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>		24d. LOCATION (City, town or county) (State) <u>St. Louis Mo</u>		
DATE REC'D BY LOCAL REG. <u>NOV 20 1954</u>		REGISTRAR'S SIGNATURE <u>Charles Smith MD - acc</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. ...</u> ADDRESS <u>1221 No. Taylor</u>				

Jan 5 - 1955

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 *N. Claude Gardo*.....

Licensed Embalmer No. *38*.....

P. O. Address *457 Ald*.....

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.