

FILED MAR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10375
State File No. 1807
Registrar's No.

BIRTH NO. 19720-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 8 days		c. CITY OR TOWN St. Louis			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOMER G. PHILLIPS		STREET ADDRESS (If rural, give location) 803 N. 23rd.					
3. NAME OF DECEASED (Type or Print) Margo		a. (First) b. (Middle) c. (Last) West		4. DATE OF DEATH (Month) (Day) (Year) 2 23 55			
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			
8. DATE OF BIRTH 2-15-55		9. AGE (In years last birthday) 8		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Wiley West		13b. MOTHER'S MAIDEN NAME Julia Ernestine Copeland			
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)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Father M. Whittier		ADDRESS 2601 N. Whittier					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Hypertrophic Pyloric Stenosis DUE TO (c) Contentinal Peritoneal Adhesions II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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? 7560			
22. I hereby certify that I attended the deceased from 2-15-1955, to 2-23-1955, that I last saw the deceased alive on 2-23-1955, and that death occurred at 4:30a. m., from the causes and on the date stated above.							
23a. SIGNATURE William H. Senter		(Degree or title) M. D.		23b. ADDRESS 2601 N. Whittier			
23c. DATE SIGNED 2-23-55		24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 2/28/1955			
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.					
DATE REC'D BY LOCAL REG. FEB 25 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE J. W. Chamberlain			
ADDRESS 3100 Franklin							

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 *M. Claude Gorda*

Licensed Embalmer No. *34*

P. O. Address *45750*

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.