

FILED MAY 25 1955

STANDARD CERTIFICATE OF DEATH

State File No. 16654
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3973

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. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 20 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital		e. STREET ADDRESS (If rural, give location) 1325 N. Nineteenth St.	
3. NAME OF DECEASED (Type or Print) WILLIE		4. DATE OF DEATH (Month) (Day) (Year) May 2, 1955	
a. (First)		b. (Middle)	
c. (Last) GORE			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 7, 1912
9. AGE (In years last birthday) 42		10. MONTHS	11. HOURS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Nut Factory	
11. BIRTHPLACE (City and State or Foreign Country) Laurel, Miss.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME (Unknown)		13b. MOTHER'S MAIDEN NAME Rachel	
14. NAME OF HUSBAND OR WIFE (Unknown)		Blanche Gore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-01-1788	
17. INFORMANT'S SIGNATURE OR NAME Blanche Gore,		ADDRESS 1325 N. Nineteenth	
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) <i>Deleterious Hg. O. - Corverts, Chronic</i> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) <i>Hypertension</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <i>Rheumatizing Arthritis</i> 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? 5810			
22. I hereby certify that I attended the deceased from <i>Jan 19 55</i> to <i>May 2 55</i> , that I last saw the deceased alive on <i>May 1 55</i> , 1955, and that death occurred at <i>8:30 Am.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>J. E. Smith</i>		23b. ADDRESS <i>N. 4 3000 E. Eastern</i>	
23c. DATE SIGNED <i>5-4-55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-8-55	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Waynesboro, Mississippi	
DATE REC'D BY LOCAL REG. MAY 4 1955		REGISTRAR'S SIGNATURE <i>Carl Smith</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>W. D. Richardson</i>		ADDRESS 2625 Glasgow Ave.	

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 *Andrew Richardson*.....

Licensed Embalmer No. *485*

P. O. Address *2625 Ill*

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.