

FILED NOV 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39916

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10450**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>			Length of stay in 1b <b>27 yrs. 2 2/3</b>		d. STREET ADDRESS (If outside, give location) <b>2741 Delmar</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Harrison</b> Middle <b>Whitcomb</b> Last <b>Whitcomb</b>				4. DATE OF DEATH Month <b>11</b> Day <b>11</b> Year <b>56</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 16, 1890</b>		9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>25</b> Hours <b></b> Min. <b></b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Charleston, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					
13. FATHER'S NAME <b>Henry Whitcomb</b>						14. MOTHER'S MAIDEN NAME <b>Ella White</b>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>499-05-8901</b>		17. INFORMANT Address <b>Edith Whitcomb 3035 Delmar Blvd</b>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>										INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <b>Hypertension</b>			
										DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Chronic Alcoholism</b>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour <b></b> Month, Day, Year a. m. <b></b> p. m. <b></b>													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from <b>11-5-56</b> to <b>11-11-56</b> and last saw <sup>him</sup> <del>her</del> alive on <b>11-11-56</b> Death occurred at <b>8:15</b> P <b></b> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Hugh Waters, M. D.</b>						22b. ADDRESS <b>2601 Whittier Street</b>				22c. DATE SIGNED <b>11-13-56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Nov. 16, 1956</b>		23c. NAME OF CEMETERY OR CREMATORY <b>washington Park</b>			23d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>						
24. FUNERAL DIRECTOR ADDRESS <b>J. H. RANDLE &amp; SON 3133 Bell Ave.</b>				25. DATE RECD. BY LOCAL REG. <b>NOV 15 1956</b>		26. REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>							

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Doctor, coroner, etc. must use only standard nomenclature. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 *Ester K. Harris*

Licensed Embalmer No. *44*

P. O. Address *4181 Va*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.