

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42710

FILED DEC 27 1956

STATE FILE NUMBER 11123

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

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, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips			Length of stay in lb		d. STREET ADDRESS 4418 1/2 Cote Brillante (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Marshall Middle Sidney Last Blakely				4. DATE OF DEATH Month 12 Day 2 Year 56			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3 October 1904		9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Month 1 Days Hours Min. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Messenger			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Vicksburg Mississippi		12. CITIZEN OF WHAT COUNTRY? Yes
13. FATHER'S NAME William Blakely				14. MOTHER'S MAIDEN NAME Theresa Lee			
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. ---		17. INFORMANT Mrs Willette Adams 112 N. 2nd Lovejoy II Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage from Lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Bronchiectasis of Infectious Origin DUE TO (c) 526X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH undet
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 Month Day Year a. m. p. m. 							
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 St. Louis		CITY	STATE
21. I attended the deceased from 11-29-56 to 12-2-56 and last saw ^{xxx} him alive on 12-2-56 Death occurred at 2:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Deugh Waterman</i> (Degree or title) M.D.				22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 12-3-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/6/56	23c. NAME OF CEMETERY OR CREMATORY Washington Park		23d. LOCATION (City, town, or county) (State) St. Louis County Mo		
24. FUNERAL DIRECTOR Herman J. Smith 4247/w Labadie ADDRESS			25. DATE RECD. BY LOCAL REG. DEC 5 1956		26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i> 103		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. 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 *W. Chas. Gardner*
.....

Licensed Embalmer No. *34*

P. O. Address *4575 A*

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.