

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42762

FILED DEC 27 1956

STATE FILE NUMBER
11238

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		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 STREET ADDRESS 227A 2112 Eugenia (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Gladys Brown			4. DATE OF DEATH Month Day Year 12 2 56				
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 5, 1905	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days 6 26	IF UNDER 24 HRS. Hours Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME John Chapel				14. MOTHER'S MAIDEN NAME Willie Fryson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Mr. James Brown - 2112 Eugenia		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of Rectum with extension to the Bladder, Uterus, both tubes, Vagina and Parametrium Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I((e) Bronchopneumonia-Fatty Metamorphosis to Liver			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE		

21. I attended the deceased from 8-15-56 to 12-2-56 and last saw her alive alive on 12-2-56 Death occurred at 1:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.			22c. DATE SIGNED 12-5-56		
22a. SIGNATURE (Degree or title) Frank O. Richards, M. D.		22b. ADDRESS 2601 Whittier Street			

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-21-1956		23c. NAME OF CEMETERY OR CREMATORY Anatomical Boersy		23d. LOCATION (City, town, or county) (State) St. Louis, Mo. Missouri	
24. FUNERAL DIRECTOR'S ADDRESS ROWLAND A. AKER, MORT. 4104 Manchester			25. DATE RECD. BY LOCAL REG. DEC 8 1956		26. REGISTRAR'S SIGNATURE Carl Smith M.D. mrb		

Enbalmer's Statement on Reverse Side

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-56

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 *Laurence Brown*

Licensed Embalmer No. 779

P. O. Address 221 West

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.