

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2697

STATE FILE NUMBER

676

FILED JAN 30 1958

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 Saint 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 4207 Maffitt (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Grant Middle Brown Last Brown				4. DATE OF DEATH Month 1 Day 16 Year 58							
5. SEX Male		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 Aug. 16, 1917		9. AGE (In years last birthday) 40		IF UNDER 1 YEAR Months 6 Days Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Moving Man			10b. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (City and state or country) Okolona, Miss.			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Thomas Brown				14. MOTHER'S MAIDEN NAME Amy Johnson							
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 Alberta Brown Address 4207 E. Maffitt						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Epidermoid Carcinoma of Left Tonsils with Metastasis								INTERVAL BETWEEN ONSET AND DEATH undet.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) 145.0								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			
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 _____ 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		COUNTY		STATE			
21: I attended the deceased from 9-9-57 to 1-16-58 and last saw him alive on 1-16-58 Death occurred at 8:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) W. W. R. M.D.				22b. ADDRESS 2601 Whittier Street			22c. DATE SIGNED 1-17-58				
23a. BURIAL / CREMATION, REMOVAL (Specify): removal		23b. DATE 1-21-58		23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.					
24. FUNERAL DIRECTOR Herman J. Smith ADDRESS 4247 w Labadie Ave.				25. DATE RECD. BY LOCAL REG. JAN 20 '58		26. REGISTRAR'S SIGNATURE J. C. Smith M.D.					

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300-1-56
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Diseases in Part I must be causally related.
Cause of death must be stated in item 18. No symptoms will be listed. Air
conditioning, etc. may be used only if directly related to the death due to natural causes.

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 Garcia*.....

Licensed Embalmer No. *34*

P. O. Address *4575a*

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.