

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020258
STATE FILE NUMBER
5129
Registrar's No.

FILED MAY 23 1958

Registration District No. 318 Primary Registration District No. 1003

300
-57

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"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
27 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Length of stay in lb 0	
d. STREET ADDRESS 3921 Page		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Howard Washington			4. DATE OF DEATH Month 5 Day 12 Year 58
5. SEX Male <input checked="" type="checkbox"/>	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 Unknown Abt.
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter	
11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Cedric Washington		13b. MOTHER'S MAIDEN NAME Ellen ?	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Mr. Albert Porter 5120 Labadie Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac insufficiency DUE TO (b) H.S.H.D. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 420.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Sclerotic dermatitis			INTERVAL BETWEEN ONSET AND DEATH undet.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 5-3-58 to 5-12-58 and last saw him alive on 5-12-58 Death occurred at 11:07 A. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) S. Oran		22b. ADDRESS , M.D. 2601 Whittier Street	
22c. DATE SIGNED 5-13-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 5/19/58		23c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	
23d. LOCATION (City, town, or country) (State) St. Louis County, Missouri		24. FUNERAL DIRECTOR ADDRESS G. Wade Granberry 4202 Finney Ave.	
25. DATE RECD. BY LOCAL REG. MAY 15 '58		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Edward O Flynn*

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave

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.