

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027409

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7114**

1. PLACE OF DEATH a. COUNTY St. Louis Missouri				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 Mo.		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) Length of stay in lb 38 INSTITUTION D.O.A. Homer Phillip				d. STREET ADDRESS (If outside, give location) 107 4221 W Ashland			
3. NAME OF DECEASED (Type or print) First Mauda Middle Samuel Last				4. DATE OF DEATH Month July Day 15 Year 1958			
5. SEX Female 3		6. COLOR OR RACE Col		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11 May 1905	
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months 2 Days 3 Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Montgomery Ala				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Henry Taylor				14. MOTHER'S MAIDEN NAME Martha Edward			
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. None		17. INFORMANT Address Mrs Lean Lewis 906 Mill St Montgomery Al			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute occlusion of right coronary artery with plural effusions. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) bitatepal. and acute tracheo DUE TO (c) bronchitis						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(n) 420.1						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1	
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		COUNTY STATE	
21. I attended the deceased from 5:18 P.M. to 5:18 P.M. and last saw ^{her} him alive on 7/15/58 Death occurred at 5:18 P.M. on the 15th day stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or print) Earl Smith				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 7/15/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/21/58		23c. NAME OF CEMETERY OR CREMATORY Washington Park		23d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
24. FUNERAL DIRECTOR Herman J. Smith		ADDRESS 4247/w Labadie Ave		25. DATE RECD. BY LOCAL REG. JUL 18 1958		26. REGISTRAR'S SIGNATURE Earl Smith Mo m & B	

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. Clark Gubler*.....

Licensed Embalmer No. *370*

P. O. Address *4575 Al*

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