

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046160

STATE FILE NUMBER

11662

FILED DEC 24 1958

96595-58

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before institution) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>E. St. Louis</u> <u>8129</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>24 St. Louis Children</u>		Length of stay in lb <u>7</u> days	d. STREET ADDRESS (If outside, give location) <u>32 601a Piggott</u>
3. NAME OF DECEASED (Type or print) First <u>Ronnie</u> Middle <u>Lee</u> Last <u>Phair</u>		4. DATE OF DEATH Month <u>11</u> Day <u>23</u> Year <u>58</u>	
5. SEX <u>Male</u> <u>2</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-19-58</u> ✓
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>9</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Thomas Phair</u>		13b. MOTHER'S MAIDEN NAME <u>Velma Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give branch and service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Luan Lehr</u> Address <u>500 S. Kingshighway</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC FAILURE</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>SUBARACHNOID & VENTRICULAR HEMORRHAGE</u>			
DUE TO (c) <u>MASSIVE ATELECTASIS 760.0</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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 <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— Death occurred at <u>11:05 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		to <u>11-23-58</u> and last saw him alive on <u>11-23-58</u>	
22a. SIGNATURE (Degree or title) <u>Richard A. Smith M.D.</u>		22b. ADDRESS <u>500 S. Kingshighway</u>	22c. DATE SIGNED <u>11-23-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12-30-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
24. FUNERAL DIRECTOR <u>Rowland Aker</u> ADDRESS <u>4104 Manchester</u>	25. DATE RECD. BY LOCAL REG. <u>DEC 4 '58</u>	26. REGISTRAR'S SIGNATURE <u>Lead Smith MD</u> <u>mrb</u>	

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

Licensed Embalmer No.....

R. O. Address.....

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.