

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002683  
STATE FILE NUMBER

774

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's 2

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Inside Limits Yes  No   
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Length of stay in 1b 40 years  
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN St. Louis Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 1010 So. Ewing Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
John Armour 1 21 59

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH 18 78 9. AGE (In years birth day) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired laborer 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) Tenn. 12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Anna 14. NAME OF HUSBAND OR WIFE None

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. unknown 17. INFORMANT Henry Armour Address Chicago Ill

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.))  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) themia  
DUE TO (b) Chronic nephritis.  
DUE TO (c) 592X  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Cardiovascular disease.  
INTERVAL BETWEEN ONSET AND DEATH undet.  
19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 12-22-58 to 1-21-59 and last saw him alive on 1-21-59  
Death occurred at 4:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. H. Inazu, M.D. 22b. ADDRESS 2601 Whittier Street 22c. DATE SIGNED 1-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-27-58 23c. NAME OF CEMETERY OR CREMATORY St George 23d. LOCATION (City, town, or county) (State) East St. Louis, Ill

24. FUNERAL DIRECTOR A. H. Burk ADDRESS 3506 Franklin 25. DATE RECD. BY LOCAL REG. JAN 23 '59 26. REGISTRAR'S SIGNATURE Carl Smith MD

300  
1-57  
8  
21

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

*Larry M. [Signature]*

Licensed Embalmer No. *45-2.3*

P. O. Address *4057 [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.