

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007118

STATE FILE NUMBER

2 1792

Health,
Welfare
Public
Service

FILED MAR 10 1959 Registration District No. Primary Registration District No. Registrar's

| | | | |
|--|--------------------------|---|---|
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Homer G. Phillips 39 yrs. | | d. STREET ADDRESS (If outside, give location) 5018 Cabanne Ave. | |
| Length of stay in 1b | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last REMMEL FRIAR | | | 4. DATE OF DEATH Month Day Year Feb. 18 1959 |
| 5. SEX Male | 6. COLOR OR RACE Col. | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 27, 1896 |
| 9. AGE (In years last birthday) 62 | | IF UNDER 1 YEAR Months 5 Days 21 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter | | 10b. KIND OF BUSINESS OR INDUSTRY RR Station (Wabash) | 11. BIRTHPLACE (City and state or country) Newport, Ark. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Joseph Friar | |
| 13b. MOTHER'S MAIDEN NAME Ella Elizabeth Beard | | 14. NAME OF HUSBAND OR WIFE Isadee Dorothy Friar | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. #1 | | 16. SOCIAL SECURITY NO. 702-05-9466 | 17. INFORMANT Isadee Dorothy Friar - 5018 Cabanne 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) CEREBRAL HEMORRHAGE DUE TO (b) HYPERTENSION, ESSENTIAL DUE TO (c) ARTERIO SCLEROSIS, GENERALIZED PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X | | | INTERVAL BETWEEN ONSET AND DEATH UNDETERMINED |
| 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 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 Oct. 1956 to FEB. 1959 and last saw him alive on FEB. 18, 1959 Death occurred at 5:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE J. Newton Jenkins M.D. | | 22b. ADDRESS 3507 Franklin Ave. St. Louis | 22c. DATE SIGNED Feb. 19, 1959 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE Feb. 23, 1959 | 23c. NAME OF CEMETERY OR CREMATORY National |
| 23d. LOCATION (City, town, or county) Jefferson Barracks | | 23e. No. (State) | |
| 24. FUNERAL DIRECTOR J. H. RANDLE & SON | | ADDRESS 3133 Bell Ave. | 25. DATE RECD. BY LOCAL REG. FEB 19 '59 |
| 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. | | | |

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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 *Esther N. Harris*

Licensed Embalmer No. *4458*

P. O. Address *4181 Wash*

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.