

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036361

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8666**

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 17 1962

VS 300
Rev. 4/59

1

2 **310**

3

4 **2**

5 **0**

6

7 **0**

8 **1**

9

10

11

12 **92-3**

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D. O. A. Homer G Phillip		d. STREET ADDRESS (If outside, give location) 3020 Marnice Pl	
3. NAME OF DECEASED (Type or print) First AKA Kirk Middle Douglas Last Kirk		4. DATE OF DEATH Month September Day 4 Year 1962	
5. SEX Male	6. COLOR OR RACE Col	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9 July 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY Nil	9. AGE (last birthday) Months 1 Days 26 Hours Min.
11a. FATHER'S NAME Raymond Thomas		11b. MOTHER'S MAIDEN NAME Phyllis Douglas	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		12b. SOCIAL SECURITY NO. No	
13a. FATHER'S NAME Raymond Thomas		13b. MOTHER'S MAIDEN NAME Phyllis Douglas	
14a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		14b. SOCIAL SECURITY NO. No	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Status Thymico-lymphaticus		16. INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 273x		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
17. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	18. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20. TIME OF INJURY Hour Month, Day, Year	21. I attended the deceased from 1200 P.M. to _____ and last saw him alive on _____		
22. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	24. CITY, TOWN, OR LOCATION	25. COUNTY STATE
26. SIGNATURE (Degree or title) Joseph M. Johnson Deputy		27. ADDRESS 1300. Clark	
28. BURIAL, CREMATION, REMOVAL (Specify) Removal		29. DATE 9/10/62	
30. NAME OF CEMETERY OR CREMATORY Washington Park		31. LOCATION (City, town, or county) (State) St. Louis County Missouri	
32. FUNERAL DIRECTOR Herman J. Smith		33. ADDRESS 4247/w Labadie	
34. DATE RECD. BY LOCAL REG. SEP 7 1962		35. REGISTRAR'S SIGNATURE Paul Smith. M.O.	

91

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

Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 3100 Easton 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.