

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033626

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8460** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 29 1963

VS 300 Rev. 4/59

1
2 *212*
3
4 *2*
5 *2*
6
7 *1*
8 *2*
9
10
11
12 *77-0*
13

STATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS 5024 Cates	
3. NAME OF DECEASED (Type or print) First Middle Last Lucille Flenoy		4. DATE OF DEATH Month Day Year 8 16 63	
5. SEX Fem.	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/9/1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Country) Miss Mo
13a. FATHER'S NAME Richard Johnson		13b. MOTHER'S MAIDEN NAME Belea Bailey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give name of states of service) No		17. INFORMANT Address Henry Flenoy 5024 Cates	
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Cervix			INTERVAL BETWEEN ONSET AND DEATH Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 171X			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year	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 8-6-63 to 8-16-63 and last saw ^{her} alive on 8-16-63 Death occurred at 9:35 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James H. Whittier</i>		22b. ADDRESS 2601 N. Whittier	
22c. DATE SIGNED 8-19-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 23 Aug 63	23c. NAME OF CEMETERY OR CREMATORY Greenwood	23d. LOCATION (City, town, or county) (State) St Louis Co Mo
24. FUNERAL DIRECTOR Reliable Funeral Sys 1389 N Union		25. DATE RECD. BY LOCAL REG. AUG 20 1963	26. REGISTRAR'S SIGNATURE <i>Loed Smith, M.D.</i>

Miscellaneous
St. Louis
2024 Cases

St. Louis
Homer G. Phillips

8 16 63

Pinoy

Lucille

Neuro. Fed.

Unrec.

Cancer of Cervix

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,

x or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed James A. Hyatt

Licensed Embalmer No. 4441

P. O. Address 1389 Union

8-16-63

x

8-16-63

8-16-63

9 20:0

8-16-63

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.