

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037630

STATE FILE NUMBER

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9246**

FILED SEP 19 1963

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY Missouri		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		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2737 Delmar
3. NAME OF DECEASED (Type or print) First Sanford Middle Last Hebert		4. DATE OF DEATH Month 9 Day 13 Year 63	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-7-1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 60
11. BIRTHPLACE (City and state or country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Paul Hebert		13b. MOTHER'S MAIDEN NAME Omelia Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		14. NAME OF HUSBAND OR WIFE Olivia Smith	
16. SOCIAL SECURITY NO.		17. INFORMANT Amable Smith 1432 North Garrison	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) Malnutrition			
DUE TO (b) Hypoproteinemia			
DUE TO (c) 286.7 A			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old Tuberculosis (Activity Unknown); Emphysema			
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			
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.	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 9-10-63 to 9-13-63 and last saw <input checked="" type="checkbox"/> or him alive on 9-13-63 Death occurred at 11:50 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In green or blue ink) <i>J. H. Whittier</i>		22b. ADDRESS 2601 N. Whittier	22c. DATE SIGNED 9-16-63
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 9-18-1963	23c. NAME OF CEMETERY OR CREMATORY Father Dickson	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo
24. FUNERAL DIRECTOR Lowers Funeral Home		25. DATE RECD. BY LOCAL REG. SEP 16 1963	26. REGISTRAR'S SIGNATURE <i>Roal Smith, M.D.</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF) (DATE AMENDED) (BY AFFIDAVIT OF)

VS 300 Rev. 4/59
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USE BLACK INK OR TYPEWRITER RIBBON



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. (activity unknown)

Student _____
Signature of Student Embalmer

Signed Leroy W. Panister

Licensed Embalmer No. 1523

P. O. Address 4251 WASHINGTON

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.

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