

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037988

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9652**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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22 29

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PHILLIS USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

Signed - Underdifferential -

1. PLACE OF DEATH **1963**

a. COUNTY **ST. LOUIS, MO**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MO**

Length of stay in - 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSP. #1.**

Inside Limits: Yes No

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **2634 1/2 Rutger** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **EDDIE LEE ROSE**

4. DATE OF DEATH Month Day Year **SEPT. 24, 1963**

5. SEX **male**

6. COLOR OR RACE **Colored**

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **Aug 12 1913**

9. AGE (last birthday) **50** IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **nil**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) **Ark**

12. CITIZEN OF WHAT COUNTRY **U.S.A**

13a. FATHER'S NAME **Emmitt Rose**

13b. MOTHER'S MAIDEN NAME **Estella Burns**

14. NAME OF HUSBAND OR WIFE **Lucy Rose**

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. **Lucy Rose 2634 1/2 Rutger** 17. INFORMANT **Lucy Rose 2634 1/2 Rutger** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Brain Tumor**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **237x**
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Chronic alcoholism 2) Convulsive Disorder Brain Tumor secondary to**

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK 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 **9/19/63** to **9/24/63** and last saw her alive on **9/24/63**
Death occurred at **10 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Richard L. Phellis MD.**

22b. ADDRESS **1515 LAFAYETTE AVE**

22c. DATE SIGNED **9/25/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **9-30-63**

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY **Father's Dickson**

23d. LOCATION (City, town, or county) (State) **St. Louis Co MO.**

24. FUNERAL DIRECTOR **W. Watson 2769 Chouteau** ADDRESS

25. DATE RECD. BY LOCAL REG. **SEP 27 1963**

REGISTRAR'S SIGNATURE **Paul Smith. M.D.**

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

Jefferson W. C. ...

Licensed Embalmer No. 5072

P. O. Address 4535 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.