

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045443

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11427 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

<p>FILED NOV 22 1963</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p>	
<p>a. COUNTY St. Louis</p>		<p>a. STATE Missouri b. COUNTY</p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis</p>		<p>c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) Homer G. Phillips</p>		<p>d. STREET ADDRESS (If outside, give location) 4268 W. Finney Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) Lucy Flemmings</p>		<p>4. DATE OF DEATH 11-16-63</p>	
<p>5. SEX Female</p>	<p>6. COLOR OR RACE Negro</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 10/5/1878</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker</p>		<p>11. BIRTHPLACE (City and state or country) Oxford, Miss.</p>	
<p>13a. FATHER'S NAME Seth Atwaters</p>		<p>14. NAME OF HUSBAND OR WIFE Mrs. Helen Wilbern 4268 W. Finney</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no</p>		<p>17. INFORMANT Mrs. Helen Wilbern 4268 W. Finney</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease with Congestive Heart Failure</p>		<p>INTERVAL BETWEEN ONSET AND DEATH Undet.</p>	
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p>		<p>4200</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchopneumonia - Osteoarthritis</p>		<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from 11-14-63 to 11-16-63 and last saw her alive on 11-16-63 Death occurred at 1:45 a. m on the date stated above, and to the best of my knowledge, from the causes stated.</p>		<p>22c. DATE SIGNED 11-16-63</p>	
<p>22a. SIGNATURE <i>[Signature]</i></p>		<p>22b. ADDRESS 2601 N. Whittier</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) removal</p>	<p>23b. DATE 11/21/63</p>	<p>23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery</p>	<p>23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.</p>
<p>24. FUNERAL DIRECTOR 5010 Enright Metropolitan Funeral System, Inc.</p>		<p>25. DATE RECD. BY LOCAL REG. NOV 19 1963</p>	
		<p>26. REGISTRAR'S SIGNATURE <i>[Signature]</i></p>	

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

John H. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

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.