URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 11 1959

59-042158

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210966

AMENDED

1. PLACE OF DEATH
a. COUNTY None
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY None
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3117 Norwood Av — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ESTELLA Middle Last LITTLE

4. DATE OF DEATH Month NOVEMBER Day 23 Year 1959

5. SEX Female
6. COLOR OR RACE Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/4/92
9. AGE (last birthday) 66
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

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) Jerseyville, Ill.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Brown
13b. MOTHER'S MAIDEN NAME Elizabeth McDermott
14. NAME OF HUSBAND OR WIFE Edw. Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-28-8051
17. INFORMANT Helen Otey, 5142 Ashland Ave Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRONCHIECTASIS — INTERVAL BETWEEN ONSET AND DEATH SEVERAL YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 526x

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. ☐ 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 JUNE 23, 1949 to NOV. 23, 1959 and last saw her/him alive on NOV. 23, 1959
Death occurred at 7:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. Vermillion M.D. (Degree or title) M. D.
22b. ADDRESS BARNES HOSPITAL
22c. DATE SIGNED 11/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11/30/59
23c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery
23d. LOCATION (City, town, or county) (State) Jerseyville, Ill.

24. FUNERAL DIRECTOR Cunningham & Moore, 2405 Marcus ADDRESS
25. DATE RECD. BY LOCAL REG. NOV 27 1959
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 K 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 compl 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.