

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003356

FILED VS JAN 22 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 460** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. 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		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
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) 1005a N. Leffingwell		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Maggie Middle Last Emery				4. DATE OF DEATH Month 1 Day 11 Year 60				
5. SEX Female	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 2-1-89	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic		10b. KIND OF BUSINESS OR INDUSTRY private family		11. BIRTHPLACE (City and state or country) Benton, Miss.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Freddie Martin			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE nil		
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.		17. INFORMANT Address Maggie Vercer Cole 1005a N. Leffingwell				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes Mellitis						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)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Staphylococcus Infection with Septisemia						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 12-29-59 to 1-11-60 and last saw her ^{her} _{00m} alive on 1-11-60				Death occurred at 9:40 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>J. O. Richardson</i> (Degree or title)			22b. ADDRESS 2601 N. Whittier St.			22c. DATE SIGNED 1-12-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 1-11-60	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Mo.		(State)		
24. FUNERAL DIRECTOR Dement & Son ADDRESS 2629-31 Cole Street		25. DATE RECD. BY LOCAL REG. JAN 14 1960		26. REGISTRAR'S SIGNATURE <i>Keal Smith, M.D.</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MJB

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____; Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 No. 1st

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.