URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

-60-008027

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1932

NDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 37yrs

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): D O A Phillips Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY:

c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 4017 Cook Ave Apt 7 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ORA — Middle: LEE — Last: CARODINE

4. DATE OF DEATH: Month: Feb — Day: 17 — Year: 1960

5. SEX: Female

6. COLOR OR RACE: Col

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 5-27-1899

9. AGE (last birthday): 60 — IF UNDER 1 YEAR: Months 8, Days 20 — 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): Columbus Miss

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Albert Wallace

13b. MOTHER'S MAIDEN NAME: Trilla Whitfield

14. NAME OF HUSBAND OR WIFE: -

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.: yes

17. INFORMANT: Charles Witherspoon — Address: 5638 Etzel Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Occlusion

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

DUE TO (b): Coronary Sclerosis

DUE TO (c): 420.1

INTERVAL BETWEEN ONSET AND DEATH

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 _____ to _____ and last saw her/him alive on _____

Death occurred at 756 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Patrick J. Taylor Coroner

22b. ADDRESS: 1300 Clark Ave

22c. DATE SIGNED: 2.18.60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2-23-1960

23c. NAME OF CEMETERY OR CREMATORY: National

23d. LOCATION (City, town, or county) (State): St. Louis Co Mo

24. FUNERAL DIRECTOR: JAS H. RANDLE & SON — ADDRESS: 3133 Bell Ave

25. DATE RECD. BY LOCAL REG.: FEB 18 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Esther K. Harris

Signature of Student Embalmer

Licensed Embalmer No. 4458

P. O. Address 4181 Was

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