URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-028306

STATE FILE NUMBER

FILED VS AUG 8 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7257

ENDED

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, Missouri | Length of stay in 1b

c. CITY OR TOWN St. Louis, Missouri | Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2607 Prairie Avenue | Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 2607 Prairie Ave. | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Joanna Middle Last Fite

4. DATE OF DEATH Month July Day 19, Year 1960

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 8-20-1900

9. AGE (last birthday) 59 | 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) Unemployed

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) Camden, Arkansas

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

13a. FATHER'S NAME Fred Fite

13b. MOTHER'S MAIDEN NAME Josephine Smith

14. NAME OF HUSBAND OR WIFE Deceased

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. Unknown

17. INFORMANT Josephine Smoote Address 3858 Cottage

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 Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

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

DUE TO (b)

DUE TO (c) 420.1

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 110 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

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

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 7.20.60

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

23b. DATE 7/26/60

23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

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

24. FUNERAL DIRECTOR E. B. Koonce

ADDRESS 1221 North Grand

25. DATE RECD. BY LOCAL REG. JUL 20 1960

26. REGISTRAR'S SIGNATURE Karl Smith, M.D. m JB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Melvin Blue Johnson

Licensed Embalmer No. 396

P.O. Address_____

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.