URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10715 -60-043387 STATE FILE NUMBER

NDED

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 Saint Louis (4) Length of stay in 1b D.O.A.

c. CITY OR TOWN Saint Louis (18) Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) #1 St. Louis City Hospital Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 2615a Potomac Street Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First BLANCHE Middle Last BROWN

4. DATE OF DEATH Month Nov. Day 6, Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 8/4/89

9. AGE (last birthday) 71 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) Housework

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Arcadia, Mo.

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

13a. FATHER'S NAME Samuel Yates

13b. MOTHER'S MAIDEN NAME Nancy Calliatt

14. NAME OF HUSBAND OR WIFE Orville (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 490-26-9328

17. INFORMANT Address Everett Raines 2021a E. John Ave (7)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Coronary Thrombosis

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 12:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M. Zuccaro Deputy Coron

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 11-7-60

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

23b. DATE Nov. 9, 1960

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR ADDRESS Fendler Und. Co. 7420 Michigan Ave. (11)

25. DATE RECD. BY LOCAL REG. NOV 7 1960

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

DOCUMENT

MEDICAL CERTIFICATION

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. G. Peterson

Signature of Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7420 Mic

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