

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

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925

-61-006611

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

AMENDED

FILED VS FEB 20 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

|  |  |   |  |   |  |   |   |   |                                    |   |  |  |  |
|--|--|---|--|---|--|---|---|---|------------------------------------|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis, Mo</b>                 |  | Length of stay in 1b _____  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY _____ |   | c. CITY OR TOWN <b>St. Louis</b>  |                                    | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>   |  |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><b>5817 Cote Brillante Ave</b>   |   |   |                                    | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Octavia</b> Middle <b>Elizabeth</b> Last <b>Jones</b>  |  |   |  |   |  | 4. DATE OF DEATH<br>Month <b>1</b> Day <b>29</b> Year <b>1961</b>   |   |   |                                    |   |  |  |  |
| 5. SEX<br><b>Female</b>  |  | 6. COLOR OR RACE<br><b>Negro</b>  |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>8-28-1882</b>  |   | 9. AGE (last birthday)<br><b>78</b>   |                                    | IF UNDER 1 YEAR<br>Months _____ Days _____  |  | IF UNDER 24 HR<br>Hours _____ Min. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>nil</b>  |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>none</b>  |  |   |   | 11. BIRTHPLACE (City and state or country)<br><b>Knoxville, Kentucky</b>  |                                    | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A</b>   |  |  |  |
| 13a. FATHER'S NAME<br><b>John Lawkins</b>  |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Morgan</b>   |  |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>dead</b>  |                                    |   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  |   |  | 16. SOCIAL SECURITY NO.<br><b>none</b>  |  | 17. INFORMANT<br><b>Diesta Edwards 1441 Clara Ave</b>   |   |   |                                    | Address   |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardio Vascular Accident.</b><br><b>W.M.A.</b><br>DUE TO (b) _____<br>DUE TO (c) <b>422.1</b> |  |   |  |   |  |   |   |   |                                    | 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |                                    |   |  |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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 _____, to _____ and last saw her/him alive on _____<br>Death occurred at <b>1:15</b> <b>A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.             |  |   |  |   |  |   |   |   |                                    |   |  |  |  |
| 22a. SIGNATURE<br><b>Patrick E Taylor Corner</b>   |  |   |  |   |  | 22b. ADDRESS<br><b>1300 Clark</b>   |   |   | 22c. DATE SIGNED<br><b>1-30-61</b> |   |  |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |  | 23b. DATE<br><b>2/2/61</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Washington Park Cemetery</b>   |  |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County Missouri</b> |   |                                    |   |  |  |  |
| 24. FUNERAL DIRECTOR<br><b>C.W. Roberts Und. Co, 1416 N. Taylor Ave</b>  |  |   |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>JAN 30 1961</b> |   | 26. REGISTRAR'S SIGNATURE<br><b>Loan Smith. M.D.</b>                              |   |                                    |   |  |  |  |

**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 James A. Carter

Licensed Embalmer No. 4621

P. O. Address St. Francis, N.

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