

AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2476 STATE FILE NUMBER 61-011007

**FILED MAR 29 1961**

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <del>St. Louis</del> <b>Saint Louis, Mo.</b>   |   | Length of stay in 1b<br><b>3 Weeks</b>  | c. CITY OR TOWN <b>East Saint Louis</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>1015 Cook</b>  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Wiley</b> Middle <b>Horne</b> Last <b>Horne</b>   |   |   | 4. DATE OF DEATH<br>Month <b>3</b> Day <b>12</b> Year <b>61</b>  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Negro</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3/30/10</b>   |
| 9. AGE (last birthday)<br><b>50</b>   |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | 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>Warehouseman</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Unemployed</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Madisonville, Miss.</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |   | 13a. FATHER'S NAME<br><b>Grant Horne</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Martha Ann Falconer</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Baby Doll Horne</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>Unknown</b>   | 17. INFORMANT Address<br><b>Baby Doll Horne, 1015 Cook, E. St. L.</b>  |
| 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>Larynx, Carcinoma, epidermoid with Metastases (widespread)</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Undet.</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Diabetes Mellitus, controlled</b>   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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.)<br><b>161x</b>   |  |
| 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 <b>1-24-61</b> to <b>3-12-61</b> and last saw him alive on <b>3-12-61</b>  |   | Death occurred at <b>7:10</b> P. M. on the date stated above, and to the best of my knowledge, from the causes stated.                                      |  |
| 22a. SIGNATURE <b>J. W. O'Leary M.D.</b> (Degree or title)  |   | 22b. ADDRESS<br><b>2601 N. Whittier St., St. Louis, Mo.</b>   | 22c. DATE SIGNED<br><b>3-13-61</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>3/16/1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Booker Washington</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Centerville, Tennessee</b>   |
| 24. FUNERAL DIRECTOR<br><b>Warren G. Officer</b>  | ADDRESS<br><b>2114 Missouri</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>MAR 14 1961</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Roan Smith, M.D.</b>   |

Illinois State Board of Health

State of Missouri, County of St. Louis

Home of the Phillips

City of St. Louis, Missouri

of the County of St. Louis, Missouri

Under the name of \_\_\_\_\_ (Name of Deceased)

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 \_\_\_\_\_

Signed Frank Prokopff

Signature of Student Embalmer

10-11-0

XX

10-11-0

10-11-0

Licensed Embalmer No. 4356

P. O. Address St. Louis, Mo.

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.