MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

316

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2131

61-011568
STATE FILE NUMBER

FILED VS MAR 16 1961

1. PLACE OF DEATH
a. COUNTY: St. Louis City
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 10 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Missouri Baptist 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, Mo. (15) — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8586 Riverview Drive — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Phoebe, Middle: , Last: Sewell
4. DATE OF DEATH: Month 3 Day 1 Year 61
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-17-1868
9. AGE (last birthday): 92 — 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): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Accomac, Virginia
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: --- Russell
13b. MOTHER'S MAIDEN NAME: --- LaRue
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.:
17. INFORMANT: Miss Maud Sewell, 8586 Riverview Blvd — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO (b) Mural thrombus - auricular — 1 day
DUE TO (c) Auricular Fibrillation — Several months
Arteriosclerotic heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture of hip 2-16-61

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.): Fell from bed at home
20c. TIME OF INJURY: Hour 1 a.m. p.m. — Month, Day, Year: 2-16-61
4200F
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.): at home
20f. CITY, TOWN, OR LOCATION: St Louis — COUNTY: — STATE: Mo

21. I attended the deceased from 2-19-61 to 3-1-61 and last saw her alive on 3-1-61
Death occurred at 1:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard Toner MD
22b. ADDRESS: 3720 Washington
22c. DATE SIGNED: 3-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 3, 1961
23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Missouri

24. FUNERAL DIRECTOR: Math Hermann & Son, Inc. ADDRESS: 2161 E. Fair St. Louis, 7, Missouri
25. DATE RECD. BY LOCAL REG.: MAR 3 1961
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

DATE AMENDED 3/2 | INSTEAD OF | SHOULD READ | ITEM NO. | 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.