

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH =61-011748

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2221** STATE FILE NUMBER

FILED VS MAR 10 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Louis	
Length of stay in 1b 28 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 2627 Chouteau Ave.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LUKE Middle NMN Last WEBB			4. DATE OF DEATH Month MARCH Day 2 Year 1961		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-18-82	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor - retired		10b. KIND OF BUSINESS OR INDUSTRY Mfg. Co.	11. BIRTHPLACE (City and state or country) Helena, Arkansas	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Silas Webb		13b. MOTHER'S MAIDEN NAME Eva Moore	14. NAME OF HUSBAND OR WIFE Deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.			17. INFORMANT Fannie McDonald Scott 2627 Chouteau Ave.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC PYELONEPHRITIS		INTERVAL BETWEEN ONSET AND DEATH MANY YEARS
DUE TO (b) _____		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MULTIPLE MYELOMA. LUETIC AORTIC INSUFFICIENCY		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? 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.)
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20c. TIME OF INJURY Hour a.m. p.m. 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
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21. I attended the deceased from AUG. 9, 1957 to MARCH 2, 1961 and last saw her alive on MARCH 2, 1961 Death occurred at 3:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>C. O. Kimmell, M.D.</i> M. D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 3/3/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-8-61	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery St. Louis Mo.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Pettis Mortuary	ADDRESS 4181 Washington Blvd.	25. DATE RECD. BY LOCAL REG. MAR 6 1961	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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DATE AMENDED

INSIDE OF DOCUMENT

BY AFFIDAVIT OF SHOULD READ

DOCUMENT

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 me
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Esther K. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Wash

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.