

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4580**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI				Length of stay in 1b		c. CITY OR TOWN E. St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1513 Russell	
3. NAME OF DECEASED (Type or print) First MOSE Middle NMN Last BROWN				4. DATE OF DEATH Month MAY Day 14 Year 1961			
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-11-1915	
9. AGE (last birthday) 46		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Steel		11. BIRTHPLACE (City and state or country) Blevins, Ark.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Edmund Brown		13b. MOTHER'S MAIDEN NAME Maggie -		14. NAME OF HUSBAND OR WIFE Ophelia Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. ?		17. INFORMANT Ophelia Brown Address 1513 Russell E. St. Louis, Ill.	
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 DAYS YEARS YEARS
IMMEDIATE CAUSE (a)			RECURRENT PULMONARY EMBOLUS				
DUE TO (b)			CONGESTIVE HEART FAILURE				
DUE TO (c)			MYOCARDIOPATHY, TYPE UNKNOWN				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) +22.2						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	
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.)			
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		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 OCT. 24, 1960 to MAY 14, 1961 and last saw her/him alive on MAY 14, 1961 Death occurred at 1:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>C. P. Vermillion, M.D.</i> M. D.				22b. ADDRESS BARNES HOSPITAL			22c. DATE SIGNED 5/15/61 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-10-61	23c. NAME OF CEMETERY OR CREMATORY Booker Washington Cemetery		23d. LOCATION (City, town, or county) Centreville Twp. Ill.		
24. FUNERAL DIRECTOR <i>Wm. Francis Hoch</i> Nash Funeral Home <i>111 N. 13th St.</i>				25. DATE RECD. BY LOCAL REG. MAY 15 1961		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

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 

Licensed Embalmer No. 4434

P. O. Address 111 7, 13

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.