

AMENDED **FILED MAY 19 1961** Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4497** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 15 yrs	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (HOSPITAL, HOSPITAL, OR INSTITUTION) BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5621 A Maple Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WILLIE Middle M. Last ROYSTON			4. DATE OF DEATH Month MAY Day 11 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 5/24/18	9. AGE (last birthday) 42 yrs	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Packing Co.		11. BIRTHPLACE (City and state or country) Benton County, Miss.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John H. Royston		13b. MOTHER'S MAIDEN NAME Viola Berry		14. NAME OF HUSBAND OR WIFE Ellen Royston		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Address Ellen Royston-5621 A. Maple Av			

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
IMMEDIATE CAUSE (a) CEREBRAL VASCULAR HEMORRHAGE			2 WEEKS
DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE			2 YEARS
DUE TO (c) 443x			
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. <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. _____ 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
21. I attended the deceased from SEPT. 25, 1960 to MAY 11, 1961 and last saw her alive on MAY 11, 1961 Death occurred at 5:35 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) F. R. BRADLEY, M. D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 5/11/61 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/15/61	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Mo.

24. FUNERAL DIRECTOR Marshall Funeral Home-E. St. Louis, Ill.	25. DATE RECD. BY LOCAL REG. MAY 12 1961	26. REGISTRAR'S SIGNATURE Loard Smith, M.D.
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ITEM NO. SHOULD READ BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT INSTEAD OF DATE AMENDED

INFORMED PERSONS TO

DATE OF YEAR MONTH DAY

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 Thomas M. Labson

Licensed Embalmer No. 4479

P. O. Address East St. Louis, I

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.