

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022438

318

1003

6211

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6211

AMENDED

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips 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 Inside Limits Yes  No   
 d. STREET ADDRESS 4909 Wabada Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Caroline Middle \_\_\_\_\_ Last Cox 4. DATE OF DEATH Month 6 Day 30 Year 61

5. SEX Female 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 6-1-93 9. AGE (last birthday) 68

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) Memphis, Tenn. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Ernestine Ewing Address 4909 Wabada

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Metastatic Carcinoma  
 DUE TO (b) Cancer of colon  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 153.8

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.  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.) \_\_\_\_\_

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

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.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from June 1, 61 to 6/30/61 and last saw her alive on 6/29/61  
 Death occurred at 4 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter A. Younger M.D. (Degree or title) 22b. ADDRESS 4635 Bostor 22c. DATE SIGNED 7/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 7 6 61 23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery 23d. LOCATION (City, town, or county) St. Louis County (State) \_\_\_\_\_

24. FUNERAL DIRECTOR Pettis Mortuary ADDRESS 4181 Washington Blvd. 25. DATE RECD. BY LOCAL REG. JUL 3 1961 26. REGISTRAR'S SIGNATURE Lead Smith, M.D. No. \_\_\_\_\_

DATE AMENDED \_\_\_\_\_  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS \_\_\_\_\_  
 INSTead OF \_\_\_\_\_  
 DOCUMENT \_\_\_\_\_  
 MEDICAL CERTIFICATION \_\_\_\_\_  
 SHOULD READ \_\_\_\_\_  
 BY AFFIDAVIT OF \_\_\_\_\_

**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 Washington

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.