MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-026598
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6895

FILED AUG 3 1961

1. PLACE OF DEATH
a. COUNTY: St. Louis Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4354 N Market — 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 (If outside, give location): 4354 N Market — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Ethel Middle: Mae Last: Blanks

4. DATE OF DEATH: Month: July Day: 21 Year: 1961

5. SEX: Female
6. COLOR OR RACE: Col
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 31 Dec 1900
9. AGE (last birthday): 60
IF UNDER 1 YEAR: Months 6 Days 21 — IF UNDER 24 HR: Hours Min.

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): St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Major Brown
13b. MOTHER'S MAIDEN NAME: Nannie Campbell
14. NAME OF HUSBAND OR WIFE: Mr Montel Blancks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mr Montel Blanks Address: 4354 N. Market

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): Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Arteriosclerosis
DUE TO (c): 420.1
INTERVAL BETWEEN ONSET AND DEATH:
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 5-19-54 to 7-21-61 and last saw her alive on 7-21-61
Death occurred at 3:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Russell D. White, M.D.
22b. ADDRESS: 1524 N. Sarah
22c. DATE SIGNED: 7/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7/27/61
23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County Mo

24. FUNERAL DIRECTOR: Herman J. Smith ADDRESS: 4247 W Labadie Ave
25. DATE RECD. BY LOCAL REG.: JUL 25 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

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 Arthur L. Hilliard

Licensed Embalmer No. 4921

P. O. Address 3100 Easton Av

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.