MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

AMENDED

FILED JUL 26 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6685 STATE FILE NUMBER -61-027352

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED 9/

BY AFFIDAVIT OF DOCUMENT

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 HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4149 WASHINGTON AV. — 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): 4149 WASHINGTON — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First ODOLIA — Middle — Last SINGLETON
4. DATE OF DEATH: Month 7 — Day 15 — Year 61
5. SEX: FEMALE
6. COLOR OR RACE: colored
7. Married ☐ Widowed ☐ Never Married ☐ Divorced ☑
8. DATE OF BIRTH: 11-23-02
9. AGE (last birthday): 58 YRS — IF UNDER 1 YEAR: Months 7 Days 22 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NIL
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): COULTERVILLE, ILL.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: ANTWINE BROWN
13b. MOTHER'S MAIDEN NAME: SARAH
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: MILFORD EMMONDS. Address 4149 WASHINGTON

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): Coronary Sclerosis.
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 _____ to _____ and last saw her/him alive on _____
Death occurred at 9 41 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul J Simon Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 7/17/61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 7-21-61
23c. NAME OF CEMETERY OR CREMATORY: WASHINGTON PARK
23d. LOCATION (City, town, or county) (State): ST. LOUIS CTY. MO

24. FUNERAL DIRECTOR — ADDRESS: A. F. WALTON 2707 STODDARD ST
25. DATE RECD. BY LOCAL REG.: JUL 18 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

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.