

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED AUG 28 1961 318 1003 7784 -61-030574

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis Co	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b. 1/2 Hr	c. CITY OR TOWN Robertson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 230 Summit Ave
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last VIRGINIA L. BLACK			4. DATE OF DEATH Month Day Year Aug 18 1961		
5. SEX Female	6. COLOR OR RACE Col	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-4-1900	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months 10 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Bridgeton Mo	11. BIRTHPLACE (City and state or country) U S A		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Creed Hall		13b. MOTHER'S MAIDEN NAME Texasanna Thompson		14. NAME OF HUSBAND OR WIFE Eugene Black	

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
Eugene Black 230 Summit Ave Robertson, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute myocardial infarction 1/2 hr
Arterio sclerotic Heart Dis. 1 yr
4200

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Bronchial Asthma

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 8-14-61 to 8-18-61 and last saw her alive on 8-18-61
Death occurred at 6 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title)
Edward B. Williams M.D.

22b. ADDRESS
2801 N. Taylor St. St. Louis Mo

22c. DATE SIGNED
8-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
8-23-1961

23c. NAME OF CEMETERY OR CREMATORY
National

23d. LOCATION (City, town, or county) (State)
Jefferson Barracks Mo

24. FUNERAL DIRECTOR ADDRESS
JAS H. RANDLE & SON 3133 Bell Ave

25. DATE RECD. BY LOCAL REG.
AUG 21, 1961

26. REGISTRARS SIGNATURE
Earl Smith M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 H. 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.