

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8972

STATE FILE NUMBER 61-034122

FILED OCT 13 1961

DATE AMENDED

INSTEAD OF THIS RECORD AVE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	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 <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3725 St. Fredinand			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First George Middle Last Calvert			4. DATE OF DEATH Month 9 Day 26 Year 61			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 8-28-1878		9. AGE (last birthday) 83		IF UNDER 1 YEAR Months 29 Days	IF UNDER 24 HR Hours 29 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) Tupelo Miss.		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Charlie Calvert.			13b. MOTHER'S MAIDEN NAME Lou Candis.			14. NAME OF HUSBAND OR WIFE Mary Calvert.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Not Any		17. INFORMANT Address Mrs C.S. Morton. 4204 W. Cotter Brilliant					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident								INTERVAL BETWEEN ONSET AND DEATH Undet.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerosis		DUE TO (c) 331X					
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 type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 9-13-61 to 9-26-61 and last saw ^{him} alive on 9-26-61				Death occurred at 2:05 p. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE B. Proffitt MD (Degree or title)				22b. ADDRESS 2601 N. Whittier Street			22c. DATE SIGNED 9-27-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-2-1961,		23c. NAME OF CEMETERY OR CREMATORY Father Dickson .		23d. LOCATION (City, town, or county) Kirkwood. (State) Mo.			
24. FUNERAL DIRECTOR ADDRESS Moses Adams 3849 Windsor Place			25. DATE RECD. BY LOCAL REG. SEP 28 1961		26. REGISTRAR'S SIGNATURE Paul 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 F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Belmont

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.