

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

8832-81-034242
STATE FILE NUMBER

Registration District No. **318** Primary Registration District **1003** Registrar's No. _____
 AMENDED FILED SEP 29 1961

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 35 yrs	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4447 Washington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MATTIE Middle L Last DUKES			4. DATE OF DEATH Month Sept. Day 19, Year 1961		
5. SEX Fem	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 25, 1908	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Wynn, Arkansas	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Tom Dukes		13b. MOTHER'S MAIDEN NAME Maggie Davis		14. NAME OF HUSBAND OR WIFE	
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 Minnie Bell Allen, 4447 Washington Ave		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hepatic failure</u> DUE TO (b) <u>Portal hypertension with bleeding esophageal varices</u> DUE TO (c) <u>Post necrotic cirrhosis, diagnosed Nov 59</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 581.0					INTERVAL BETWEEN ONSET AND DEATH 42+ da 1+ yr 2+ yr
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 581.0			
20c. TIME OF INJURY Hour a.m. 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 <u>July 1961</u> to <u>Sept 19, 1961</u> and last saw her/him alive on <u>Sept 19, 1961</u> Death occurred at <u>St. Lukes Hosp</u> <u>7:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James Drannan, M.D. James Nishi, M.D.			22b. ADDRESS St Lukes Hosp		22c. DATE SIGNED 9/22/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/24/61	23c. NAME OF CEMETERY OR CREMATORY Booker T. Washington		23d. LOCATION (City, town, or county) (State) Centreville, Illinois	
24. FUNERAL DIRECTOR B. M. Co. ADDRESS Green Funeral Home, 4060 Washington			25. DATE RECD. BY LOCAL REG. SEP 23 1961		REGISTRAR'S SIGNATURE Boad 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 Melvin E. Gued

Licensed Embalmer No. 4428

P. O. Address St. Louis

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.