

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9158 STATE FILE NUMBER -61-03444

FILED OCT 13 1961

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Homer G. Phillips Hospital</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY _____ |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>                   |  | Length of stay in 1b<br><u>26 years</u>   | c. CITY OR TOWN <u>St. Louis</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>1034 Hamilton</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Ozema</u> Middle <u>Shields</u> Last <u>Henry</u> |  |  | 4. DATE OF DEATH<br>Month <u>10</u> Day <u>2</u> Year <u>61</u> |  |  |
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|-------------------------|----------------------------------|---|---------------------------------------|-------------------------------------|--|--|
| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>Negro</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Aug 12 '88</u> | 9. AGE (last birthday)<br><u>73</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|-------------------------|----------------------------------|---|---------------------------------------|-------------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u> | 11. BIRTHPLACE (City and state or country)<br><u>Alabama</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A</u> |
|---|--|--|---|

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| 13a. FATHER'S NAME<br><u>Frank Gunter</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Cornelia Dowsing</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Deceased</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT<br><u>Rosie Lee Burt, 4825a Fountain Ave.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> | INTERVAL BETWEEN ONSET AND DEATH<br><u>Undet.</u> |
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| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ | DUE TO (c) <u>420.0H</u> |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Carcinoma of Stomach with Metastasis</u> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. | Month, Day, Year _____ |
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| 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<br>COUNTY _____ STATE _____ |
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21. I attended the deceased from 8-29-61, to 10-2-61 and last saw her <sup>her</sup> <sub>him</sub> alive on 10-2-61  
Death occurred at 5:55 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE<br><u>F. O. Richardson</u> (Degree or title) | 22b. ADDRESS<br><u>2601 N. Whittier Street</u> | 22c. DATE SIGNED<br><u>10-3-61</u> |
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|   |                                 |   |   |         |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 23b. DATE<br><u>Oct 9, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Washington Pk Cemetery</u> | 23d. LOCATION (City, town, or county)<br><u>Berkley 22, Mo.</u> | (State) |
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| 24. FUNERAL DIRECTOR<br><u>Price Undtkg Co. 2829 Washington</u> | 25. DATE RECD. BY LOCAL REG.<br><u>OCT 4 1961</u> | 26. REGISTRAR'S SIGNATURE<br><u>Loan Smith, M.D.</u> |
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Edward P. Flynn

Licensed Embalmer No. 4444

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.