

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8676 STATE FILE NUMBER 34644

AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO Length of stay in 1b \_\_\_\_\_

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY \_\_\_\_\_

c. CITY OR TOWN St. Louis Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 6313 Colorado Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last WALTER MCCRARY

4. DATE OF DEATH Month Day Year SEPT. 16, 1961

5. SEX Male 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-16-1898 9. AGE (last birthday) 62 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed 10b. KIND OF BUSINESS OR INDUSTRY Retail Meat Seller 11. BIRTHPLACE (City and state or country) Columbus, Miss. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles McCrary 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Mazie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.#1

17. INFORMANT Mazie McCrary Address 6313 Colorado Ave

18. CAUSE OF DEATH (Enter only one cause per line for 1a, 1b, 1c, 1d, 1e, 1f, 1g, 1h, 1i, 1j, 1k, 1l, 1m, 1n, 1o, 1p, 1q, 1r, 1s, 1t, 1u, 1v, 1w, 1x, 1y, 1z)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral thrombosis INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

DUE TO (b) Cerebral arteriosclerosis

DUE TO (c) 332+

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

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 9/4/61 to 9/16/61 and last saw her/him alive on 9/16/61

Death occurred at 8:05 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David L. Beatts M.D. 22b. ADDRESS 1515 LAFAYETTE AVE 22c. DATE SIGNED 9/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 9-20-61 23c. NAME OF CEMETERY OR CREMATORY National Cemetery 23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo

24. FUNERAL DIRECTOR C.W. Roberts ADDRESS 1416 N. Taylor Ave. 25. DATE RECD. BY LOCAL REG. SEP 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 James A Carter

Licensed Embalmer No. 24651

P. O. Address 27 So. W.

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.