

318

1003

8473

-61-034659

STATE FILE NUMBER

AMENDED

Registration District No. FILED SEP 18 1961 Primary Registration District No. 1003 Registrar's No. 8473

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis</u>		Length of stay in 1b	c. CITY OR TOWN <u>St Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>I223 Armstrong</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>I223 Armstrong</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Katie</u> Middle <u>Mc Neal</u> Last <u>Mc Neal</u>			4. DATE OF DEATH Month <u>9</u> Day <u>9</u> Year <u>1961</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>II-8-1910</u>	9. AGE (last birthday) <u>50</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Tenn</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Finis Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Mahalia unk</u>		14. NAME OF HUSBAND OR WIFE <u>Bethel Mc Neal</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>----</u>		17. INFORMANT <u>Bethel Mc Neal I223 Armstrong</u> Address	
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>Coronary Vascular Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)		<u>Coronary Thrombosis</u>		
	DUE TO (c)		<u>4201</u>		
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 checked="" 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 Month, Day, Year a.m. p.m.					
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>Dec 1-1960</u> to <u>Sept 8-1961</u> last saw <u>her</u> <u>Sept 6-1961</u> <u>11:45 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>H.J. Moon M.D.</u> (Degree or title)			22b. ADDRESS <u>917-5018</u>		22c. DATE SIGNED <u>9-11-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9-15-1961</u>	23c. NAME OF CEMETERY OR CREMATOR		23d. LOCATION (City, town, or county) (State) <u>Somerville, Tenn.</u>
24. FUNERAL DIRECTOR <u>Thomas Jackson 2741 Dickson</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>SEP 12 1961</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith. M.D.</u>

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

Leroy W. Jannister

Licensed Embalmer No. 4523

P. O. Address 4251 9th Ave

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.