

AMENDED  
 RATE 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 <b>St. Louis</b>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1476 Shawmut</b>				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Lucille</b> Middle <b>Humphrey</b> Last <b>Humphrey</b>						4. DATE OF DEATH Month <b>10</b> Day <b>29</b> Year <b>61</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>22 Apr 14</b>		9. AGE (last birthday) <b>47</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>7</b> Hours <b>7</b> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Okaloma Mississippi</b>		
11. BIRTHPLACE (City and state or country) <b>U. S. A.</b>		12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <b>Silas Wilson</b>			13b. MOTHER'S MAIDEN NAME <b>Dicy Logan</b>			14. NAME OF HUSBAND OR WIFE <b>Precy Humphrey</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>no</b>			17. INFORMANT <b>Mr Precy Humphrey</b>			Address <b>1476 Shawmut</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b>										INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Kimmelstiel-Wilson Disease</b>										<b>Undet.</b>		
DUE TO (c) <b>Necrotizing Papillitis</b>										<b>Undet.</b>		
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 <b>5:00</b> a.m. p.m.		Month, Day, Year <b>10-7-61</b>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Okaloma Mississippi</b>		COUNTY		STATE		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from <b>10-7-61</b> to <b>10-29-61</b> and last saw her <b>alive</b> on <b>10-29-61</b> Death occurred at <b>5:00</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <i>Charles J. Ford, M.D.</i> (Degree or title)						22b. ADDRESS <b>2601 N. Whittier St.</b>			22c. DATE SIGNED <b>10-30-61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Railroad</b>		23b. DATE <b>10/3/61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Okaloma Mississippi</b>				23d. LOCATION (City, town, or county) (State)				
24. FUNERAL DIRECTOR <b>Herman J. Smith</b>				ADDRESS <b>4247/w Labadie Ave</b>		25. DATE RECD. BY LOCAL REG. <b>NOV. 1 1961</b>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>				

**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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 3100 Easton 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.