

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

-61-039316
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **9423**

FILED OCT 26 1961

AMENDED

STATE AMENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN ST. LOUIS	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 3023 EASTON	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ESTELLA Middle TRUE Last			4. DATE OF DEATH Month OCTOBER Day 9 Year 1961		
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5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-6-1912	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAUNDRY	10b. KIND OF BUSINESS OR INDUSTRY OKALONA, MISS.	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME FRANK MAGBY	13b. MOTHER'S MAIDEN NAME HARRIET WILSON	14. NAME OF HUSBAND OR WIFE LEROY TRUE
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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) NO	17. INFORMANT MR WILLIAM LEWIS 5102 WELLS	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) INTESTINAL OBSTRUCTION		2 WEEKS
DUE TO (b) CARCINOMA OF OVARY WITH METASTASES		6 MONTHS
DUE TO (c) 175.0		

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
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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.)
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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
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21. I attended the deceased from APRIL 18, 1961 to OCTOBER 9, 1961 and last saw her/him alive on OCTOBER 9, 1961 Death occurred at 11:40 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>[Signature]</i> (Degree or title) M. D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 10/10/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10-16-61	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY ST LOUIS CO. MO.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR LOVE UNDERTAKING CO. 3103 WASHINGTON	25. DATE RECD. BY LOCAL REG. OCT 11 1961	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

HEWING NO. SHOULD READ

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 Dwight A. Jamison

Licensed Embalmer No. 5011

P. O. Address 506 1/2 Wells St

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.