

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042335

AMENDED

FILED NOV 28 1961
 Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10527

STATE FILE NUMBER

STATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION THE PEOPLES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4021 Delmar Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Allen Dismuke			4. DATE OF DEATH Month Day Year November 9, 1961		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-5-03	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN CITY		10b. KIND OF BUSINESS OR INDUSTRY WATCHMAN		11. BIRTHPLACE (City and state or country) BERNICE LA.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME ALLEN DISMUKES, SR.		13b. MOTHER'S MAIDEN NAME MATTIE SLEDGE	
14. NAME OF HUSBAND OR WIFE Josephine Dismuke - Wife		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT Address JOSEPHINE DISMUKES 4021 DELMAR		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Cardiovascular Disease DUE TO (c) 4201 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 21 hrs.	
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 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 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	
21. I attended the deceased from Oct 23 1961 to Nov 8 1961 and last saw her/him alive on Nov 8 1961 Death occurred at 1:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H.G. Moore, M.D. H.G. Moore			22b. ADDRESS 917 South 18th Street, St. Louis		22c. DATE SIGNED 11-15-61
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11-15-61	23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK ST. LOUIS		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS PETTIS MORTUARY 408 WASHINGTON			25. DATE RECD. BY LOCAL REG. NOV 13 1961		26. REGISTRAR'S SIGNATURE Loan Swi

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 *Ethel H. Harris*

Licensed Embalmer No. 4458

P. O. Address 4187 Washin

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.