

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-042632
STATE FILE NUMBER

MENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11414

FILED DEC 12 1961

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in lb		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3459 Park</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3459 Park</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>Lola Mae Learmont</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>6</u> Year <u>1961</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 31 1914</u>	9. AGE (last birthday) <u>47</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>Machine Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Bag</u>	11. BIRTHPLACE (City and state or country) <u>WaterValley Miss.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>William Temple</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie XXXXX Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>Richard Learmont</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. INFORMANT <u>Pinkney Reagan 3459 Park</u>	17. ADDRESS				
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) <u>ACUTE MYOCARDIAL INFARCTION</u>						<u>ONE HOUR</u>			
DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>						<u>ONE YEAR</u>			
DUE TO (c) <u>ARTERIOSCLEROSIS, GENERALIZED</u>						<u>ONE YEAR</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>HYPERTENSION</u>						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.) <u>420.0</u>							
20c. TIME OF INJURY Hour <u> </u> a.m. / p.m. Month, Day, Year <u> </u>				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>Nov. 26, 1960</u> to <u>DEC. 6, 1961</u> and last saw her ^{him} alive on <u>DEC. 6, 1961</u> Death occurred at <u>11.20 P.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Robert A. Hall</u>				(Degree or title) <u>MD</u>		22b. ADDRESS <u>3902 LAFAYETTE ST. LOUIS, Mo.</u>	22c. DATE SIGNED <u>Dec. 7, 1961</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Dec 7, 61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Camp Ground</u>		23d. LOCATION (City, town, or county) <u>Water Valley Miss.</u>		(State)			
24. FUNERAL DIRECTOR <u>E.J. Schnur 3125 Lafayette</u>				25. DATE RECD. BY LOCAL REG. <u>DEC 7 1961</u>	26. REGISTRAR'S SIGNATURE <u>Road Smith. M.D.</u>				

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

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 Joe B. D. Palmer

Licensed Embalmer No. 410 14

P. O. Address 3725 Lafayette 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.