ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-042942

RTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10932

FILED DEC 1 1961

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 6 days

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Homer G. Phillips — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3117 Brantner Place — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Lizzie Middle (stiles) Last STYLES

4. DATE OF DEATH Month 11 Day 21 Year 61

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 10 June 1913

9. AGE (last birthday) 48 yrs. — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY ----------

11. BIRTHPLACE (City and state or country) Brookford, Miss.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JIMMIE WHITE

13b. MOTHER'S MAIDEN NAME MATTIE BENTLEY

14. NAME OF HUSBAND OR WIFE O.C. STYLES (stiles)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

17. INFORMANT O.C. STILES — Address 3117 BRANTNER PL.

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)	Cerebral Embolism	Undet.
DUE TO (b)	Auricular Fibrillation 430.0	Undet.
DUE TO (c)	Subacute Bacterial Endocarditis	Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 11-15-61, to 11-21-61 and last saw her/him alive on 11-21-61

Death occurred at 2:20 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James H. Attley, M.D.

22b. ADDRESS 2601 N. Whittier Street

22c. DATE SIGNED 11-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 28 Nov. 1961

23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR E. B. Loomis — ADDRESS 2121 North Grand Blvd.

25. DATE RECD. BY LOCAL REG. NOV 24 1961

26. REGISTRAR'S SIGNATURE Fred Smith, M.D.

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — 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 Oliver E Crumbley, Student Embalmer No. 602

working under my personal supervision.

Student Oliver E Crumbley
Signature of Student Embalmer

Signed McKinnon Blackmon

Licensed Embalmer No. 3962

P. O. Address 1221 N. [illegible]

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.