

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046096

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12041**

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

FILED JAN 5 1962

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **DOA**
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Homer G. Phillips** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY _____
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **4666 Elmbank** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **William** Middle **Bostic** Last _____
 4. DATE OF DEATH Month **Dec.** Day **19** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **12-2-1872** 9. AGE (last birthday) **89** 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) **Retired** 10b. KIND OF BUSINESS OR INDUSTRY **Unknown** 11. BIRTHPLACE (City and state or country) **Tennessee** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Sam Bostic** 13b. MOTHER'S MAIDEN NAME **Sallie Harris** 14. NAME OF HUSBAND OR 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. **No** 17. INFORMANT **Ora Lee Scott** Address **4666 Elmbank**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Arterio sclerotic Heart Disease;**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **Generalized Arterio sclerosis.**
 DUE TO (c) **420.0**

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. 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 **St. Louis** COUNTY **St. Louis** STATE **Mo.**

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at **7:20 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Paul Senior** (Deputy Registrar) 22b. ADDRESS **1307 Clark** 22c. DATE SIGNED **12/29/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removed** 23b. DATE **27 Dec. 1961** 23c. NAME OF CEMETERY OR CREMATORY **Greenwood Cemetery** 23d. LOCATION (City, town, or county) **St. Louis County**

24. FUNERAL DIRECTOR **W. A. ...** ADDRESS **1221 North Grand Blvd.** 25. DATE RECD. BY LOCAL REG. **DEC 23 1961** 26. REGISTRAR'S SIGNATURE **Paul Senior**

ITEM NO. 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 Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address 1221 N. Sun

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.