

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046604

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **378**

Primary Registration District No. **1003**

Registrar's No. **12133**

STATE FILE NUMBER

AMENDED

FILED JAN 5 1962

DATE AMENDED

INSTEAD OF

HOW THIS SHOULD BE READ

DOCUMENT BY AFFIDAVIT OF *Chas. O. McNeill*

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO.</i> | | Length of stay in 1b | c. CITY OR TOWN <i>ST. Louis</i> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HCOSP. #1</i> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <i>15-34 N. 18th ST.</i> |
| 3. NAME OF DECEASED (Type or print) First <i>WILLIE</i> Middle <i>Dec</i> Last <i>MAJOR</i> | | 4. DATE OF DEATH Month <i>12</i> Day <i>19</i> Year <i>61</i> | |
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>Negro</i> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <i>7-27-1927</i> |
| 9. AGE (last birthday) <i>34</i> | | 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) <i>Domestic</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i> | 11. BIRTHPLACE (City and state or country) <i>ARK.</i> |
| 12. CITIZEN OF WHAT COUNTRY <i>U. S. A</i> | | 13a. FATHER'S NAME <i>Nelson Lovett</i> | |
| 13b. MOTHER'S MAIDEN NAME <i>Alice Phillips</i> | | 14. NAME OF HUSBAND OR WIFE <i>Rosalor Major</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>None</i> | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT <i>Mary Lumpkin 1648 Biddle</i> | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>uterine rupture</i> DUE TO (b) <i>Grand multiparity with force presentation</i> DUE TO (c) <i>Precipitous labor</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertensive Cardio-vascular disease with superimposed pre-eclampsia</i> | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" 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.) <i>6786</i> | | | |
| 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 <i>12/17/61</i> to <i>12/19/61</i> and last saw her alive on <i>12/19/61</i> Death occurred at <i>5:25 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>John P. Collier M.D.</i> (Degree or title) | | 22b. ADDRESS <i>1515 LAFAYETTE AVE.</i> | |
| 22c. DATE SIGNED <i>12/19/61</i> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | 23b. DATE <i>12-28-61</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i> | 23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS CO. MO.</i> |
| 24. FUNERAL DIRECTOR <i>Dunn Funeral Home 3847 Page</i> | | 25. DATE RECD. BY LOCAL REG. <i>DEC 26 1961</i> | 26. REGISTRAR'S SIGNATURE <i>Joan Smith, M.D.</i> |

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 Arthur L. Helland

Licensed Embalmer No. 4921
P. O. Address 3100 Eastman

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.