

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047396

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 3373

STATE FILE NUMBER

AMENDED

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Kirkwood</u>	
Length of stay in 1b <u>DOA</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Morgue</u>		d. STREET ADDRESS (If outside, give location) <u>330 Mc Cullough</u>	
Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. NAME OF DECEASED (Type or print) First <u>Jerry</u> Middle <u>Sims</u> Last <u>Sims</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>25</u> Year <u>1961</u>		
---	--	--	---	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</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>4 Jan 1886</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u>	IF UNDER 24 HR Hours <u>5</u> Min. <u>0</u>
--------------------	-------------------------------	--	------------------------------------	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	11. BIRTHPLACE (City and state or country) <u>Kirkwood, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	--	---	---

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</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>	17. INFORMANT Address <u>Evelyn Baker 330 Mc Cullough</u>
--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Unrecognizable disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unk</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

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 checked="" 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 _____ to _____ and last saw him/her alive on _____
Death occurred at 10:33 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Garnett Reed</u> (Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Clayton, Mo.</u>	22c. DATE SIGNED <u>11/30/61</u>
---	----------------------------------	----------------------------------

23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2 Dec. 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fr. Dickson's</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
--	------------------------------	---	--

24. FUNERAL DIRECTOR <u>C.D. Roence</u> ADDRESS <u>1221 No. Grand Blvd.</u>	25. DATE RECD. BY LOCAL REG. <u>11-28-61</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy</u>
---	--	---

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

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 1721 N. ...

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.