

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047811

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **12428**

STATE FILE NUMBER

AMENDED

FILED JAN 10 1962

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

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		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 275 Union		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Gyneath Middle C. Last Lawson				4. DATE OF DEATH Month December Day 30 Year 1961									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 9/11/1932		9. AGE (last birthday) 29		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) Airline Hostess				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Jessie Lawson				13b. MOTHER'S MAIDEN NAME Bessie Yawn				14. NAME OF HUSBAND OR WIFE -					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. Nil. (give war or dates of service)				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Jessie Lawson, Adel, Georgia.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (a) Barbiturate poisoning, self ingested in room 275 Union Blvd., on or about Dec 20th 1961. DUE TO (c) Whether accidental or with suicidal intent could not be determined										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OPEN VERDICT 970.2										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> OPEN VERDICT		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above									
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.) Hotel		20f. CITY, TOWN, OR LOCATION St. Louis, Mo		COUNTY		STATE					
21. I attended the deceased from 6:35 A to 6:35 A and last saw her/him alive on 6:35 A Death occurred at 6:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Helen L. Taylor Coroner				22b. ADDRESS 1300 Clark Ave.				22c. DATE SIGNED 1-2-62					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-1-62		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Adel, Ga.		(State)					
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.				ADDRESS		25. DATE RECD. BY LOCAL REG. 1-1-1962		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.					

BY AFFIDAVIT OF

RECEIVED

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 _____

John J. Haines

Licensed Embalmer No. 41108

P. O. Address St. Louis, Mo.

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.