

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1012 -62-007732
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1012

AMENDED

FILED MAR 7 1962

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo Length of stay in 1b 1 HR 26 MIN

c. CITY OR TOWN St. Louis Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 218 Bowman Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE Ill b. COUNTY St. Clair

3. NAME OF DECEASED (Type or print) EDGAR First Edgar Middle _____ Last BASS

4. DATE OF DEATH Month Jan Day 20 Year 1962

5. SEX male 6. COLOR OF RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Jan 20 1906 9. AGE (last birthday) 56 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) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Legally Omitted 13b. MOTHER'S MAIDEN NAME Maryene Bass 14. NAME OF HUSBAND OR WIFE None

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. None 17. INFORMANT Maryene Bass Address 218 Bowman

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:

PART I. IMMEDIATE CAUSE (a) Premature Birth

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Premature Rupture of Amniotic fluid

DUE TO (c) 76%.

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 6/20/62 to 1/20/62 and last saw him alive on 1/25/62. Death occurred at 10:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edgar W. Woodson 22b. ADDRESS 1516 Bowman 22c. DATE SIGNED 1/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 1-24-62 23c. NAME OF CEMETERY OR CREMATORY Booker Washington 23d. LOCATION (City, town, or county) (State) Centreville Township, Ill.

24. FUNERAL DIRECTOR Marion G. Officer ADDRESS 2114 Missouri Ave. East St. Louis, Ill. 25. DATE RECD. BY LOCAL REG. JAN 23 1962 26. REGISTRAR'S SIGNATURE Lead Smith, M.D.

DATE AMENDED _____

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS _____

INSTEAD OF _____

DOCUMENT _____

MEDICAL CERTIFICATION _____

BY AFFIDAVIT OF _____

ITEM NO. SHOULD READ _____

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

Frank Prokoff

Licensed Embalmer No.

4356

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.