MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-008179

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2523

FILED MAR 15 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	21	1	
3			
4	3		
5	1		
6			
7	1		
8	2		
9			
10			
11			
12	90-0		
13			
	90		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3111 magazine
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): 3111 magazine
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: mattie Middle: Last: Hearn
4. DATE OF DEATH: Month 3 Day 2 Year 62
5. SEX: Female
6. COLOR OR RACE: negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-14-1875
9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months 3 Days 2
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Holly Springs miss
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Major Huston
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: alder Hearn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Alder Hearn Address: 3111 magazine

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Rt Hip c Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): —
DUE TO (c): 199.1
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 ☐ — none
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): none
20c. TIME OF INJURY Hour a.m. none 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.): none
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE —

21. I attended the deceased from Feb 28 1962 to March 2 1962 and last saw her alive on 3-2-62
Death occurred at 2 30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Francis D Alexander MD
22b. ADDRESS: 1363 N UNION ST Louis 13
22c. DATE SIGNED: 3-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 3-7-62
23c. NAME OF CEMETERY OR CREMATORY: Green Wood cemetery
23d. LOCATION (City, town, or county) (State): St Louis Co Mo

24. FUNERAL DIRECTOR: Thomas Jackson ADDRESS: 2741 Dickson
25. DATE RECD. BY LOCAL REG.: MAR 5 1962
26. REGISTRAR'S SIGNATURE: Earl Smith. M.D.

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 Leroy A. Bannister

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

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.