

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008824
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1766**

FILED FEB 23 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD BE READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	
Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>3605 Page</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>D.O.A. Home of Phillips</i>		Inside Limits <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Eliasa</i> Middle <i>Jaylor</i> Last		4. DATE OF DEATH Month <i>2</i> Day <i>8</i> Year <i>62</i>	
5. SEX <i>Female</i>	6. COLOR OF RACE <i>Colored</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb 15 1902 59</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>ret</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Ala</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13. FATHER'S NAME <i>Robert Jaylor</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Russell Davis</i>		Address <i>2769 Caroline</i>	
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>Acute Pulmonary Edema</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>resulting from thrombosis of the Pulmonary Artery.</i>			
DUE TO (c) <i>Pulmonary Artery.</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>465x</i>			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"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>465x</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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>12:27 A</i> to <i>12:27 A</i> and last saw her/him alive on <i>12:27 A</i> Death occurred at <i>12:27 A</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul J. Simon</i> (Degree or title) <i>Dep. Coroner</i>		22b. ADDRESS <i>1300 Clark Ave</i>	22c. DATE SIGNED <i>2/10/62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>2-14-1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Father Dickson</i>	23d. LOCATION (City, town, or county) <i>St Louis Mo</i>
24. FUNERAL DIRECTOR <i>A.J. Watson</i>		ADDRESS <i>2769 Chouteau</i>	25. DATE RECD. BY LOCAL REG. FEB 13 1962
		26. REGISTRAR'S SIGNATURE <i>Neal Smith</i>	

USE BLACK INK OR TYPEWRITER RIBBON

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 Jefferson M. [Signature]
Licensed Embalmer No. 5072
P. O. Address 4535 W. [Signature]

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.