

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008938

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2679

FILED MAR 15 1962

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|--|-----------------------|--|------------|----------|
| VS 300                                   | DATE AMENDED          | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT |
| Rev. 4/59                                |                       |  |            |          |
| 1  |                       |  |            |          |
| 2 <u>222</u>                             |                       |  |            |          |
| 3  |                       |  |            |          |
| 4 <u>3</u>                               |                       |  |            |          |
| 5 <u>2</u>                               |                       |  |            |          |
| 6  |                       |  |            |          |
| 7 <u>1</u>                               |                       |  |            |          |
| 8 <u>2</u>                               |                       |  |            |          |
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| 10                                       |                       |  |            |          |
| 11                                       |                       |  |            |          |
| 12 <u>77-0</u>                           |                       |  |            |          |
| 13                                       |                       |  |            |          |
| 77                                       | MEDICAL CERTIFICATION | BY AFFIDAVIT OF                          |            |          |
| 77                                       |                       |  |            |          |
| USE BLACK INK<br>OR<br>TYPEWRITER RIBBON | SHOULD READ           | ITEM NO.                                 |            |          |

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY                                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>   |   | Length of stay in 1b  | c. CITY OR TOWN <u>St. Louis</u>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>2306a Chouteau</u>   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Pinkie</u> Middle <u>Wilburn</u> Last   |   | 4. DATE OF DEATH<br>Month <u>3</u> Day <u>7</u> Year <u>62</u>  |   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>Negro</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8 19 12</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>   |   | 11. BIRTHPLACE (City and state or country) <u>Texas</u>   | 9. AGE (last birthday) <u>49</u>  |
| 13a. FATHER'S NAME <u>Lawyer Robinson</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Martha Howkins</u>   | 12. CITIZEN OF WHAT COUNTRY<br><u>U S A</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |   | 16. SOCIAL SECURITY NO.   | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u>  |
| 17. INFORMANT <u>Lawyer Robinson 4044A Cote Prillian</u>  |   | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u>                                 |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Undet.</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |   |   | <u>491x</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Cerebral Arteriosclerosis, Sacral Decubitus</u> |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____<br>a.m. _____<br>p.m. _____   | Month, Day, Year  |   |   |
| 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 <u>1-12-62</u> to <u>3-7-62</u> and last saw him alive on <u>3-7-62</u>  |   | Death occurred at <u>3:05</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.                                       |   |
| 22a. SIGNATURE (Design or title)<br><i>[Signature]</i>  |   | 22b. ADDRESS<br><u>2601 N. Whittier Street</u>  | 22c. DATE SIGNED<br><u>3-7-62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 23b. DATE<br><u>3-12-62</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Washington Park Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Berkeley City Mo</u>  |
| 24. FUNERAL DIRECTOR<br><u>Thomas Jackson 2741 Dickson St</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>MAR 9 1962</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Earl Smith, M.D.</u>  |

**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 W. Summister

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.