

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013393

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 27 1962

Primary Registration District No. 541 Registrar's No. 938

VS 300
Rev. 4/59400.2
2400.5

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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN Richmond Heights	
Length of stay in lb Life		Inside Limits Yes No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp.		d. STREET ADDRESS (If outside, give location) 1312 Argus Avenue	
3. NAME OF DECEASED (Type or print) First Maudell Middle Blackwell Last Blackwell		4. DATE OF DEATH Month 3 Day 18 Year 62	
5. SEX Female	6. COLOR OR RACE Negro	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 2-16-1895
9. AGE (last birthday) 67		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Mack McLaurine		13b. MOTHER'S MAIDEN NAME Mary Richardson	
14. NAME OF HUSBAND OR WIFE Lee Blackwell		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. ---		17. INFORMANT Lee Blackwell	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized carcinomatous Adenocarcinoma colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple polypsis coli. DUE TO (c) Multiple polypsis coli.		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)		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 3-17-62 to 3-18-62 and last saw her alive on 3-18-62 Death occurred 2:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Elmer L. Howe MD (Degree or title)		22b. ADDRESS 601 So. Brentwood, Clayton 5	
22c. DATE SIGNED 3/19/62		22d. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/23/62	
23c. LOCATION (City, town, or County) (State) St. Louis County, Mo.		23d. DATE RECD. BY LOCAL REG. 3-21-62	
24. FUNERAL DIRECTOR Charles J. Gates		25. REGISTRAR'S SIGNATURE John B. Murphy MD	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Clinton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Avenue

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.