

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016645

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3771

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 25 1962	
<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY _____</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> Length of stay in lb _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY _____</p> <p>c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>3905 Sullivan</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>3. NAME OF DECEASED</b> (Type or print)</p> <p style="text-align: center;">First Middle Last <u>Estella Burns</u></p>	<p><b>4. DATE OF DEATH</b></p> <p style="text-align: center;">Month Day Year <u>4 8 62</u></p>
<p><b>5. SEX</b> <u>Female</u></p>	<p><b>6. COLOR OR RACE</b> <u>Negro</u></p>
<p><b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p><b>8. DATE OF BIRTH</b> <u>8-14-1888</u></p>
<p><b>9. AGE</b> (last birthday) <u>73</u></p>	<p><b>IF UNDER 1 YEAR</b> Months _____ Days _____</p> <p><b>IF UNDER 24 HR</b> Hours _____ Min. _____</p>
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>	<p><b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u></p>
<p><b>11. BIRTHPLACE</b> (City and state or country) <u>Curtis, Arkansas</u></p>	<p><b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u></p>
<p><b>13a. FATHER'S NAME</b> <u>Presley Shorter</u></p>	<p><b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u></p>
<p><b>14. NAME OF HUSBAND OR WIFE</b> <u>Deceased</u></p>	<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>
<p><b>16. SOCIAL SECURITY NO.</b> <u>None</u></p>	<p><b>17. INFORMANT</b> <u>O.T. Davis-3905 A Sullivan Ave.</u> Address _____</p>
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____</p> <p>_____ } DUE TO (c) <u>4200</u></p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u></p> <p style="text-align: center;">PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p><b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/></p>
<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p><b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>	
<p><b>20f. CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____</p>	
<p><b>21. I attended the deceased from</b> <u>4-5-62</u> to <u>4-8-62</u> and last saw her <sup>him</sup> alive on <u>4-8-62</u></p> <p>Death occurred at <u>12:45</u> p. m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p><b>22a. SIGNATURE</b> <u>Sydney A. Frase</u> (Degree or title) _____</p>	<p><b>22b. ADDRESS</b> <u>2601 N. Whittier Street</u></p>
<p><b>22c. DATE SIGNED</b> <u>4-9-62</u></p>	
<p><b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u></p>	<p><b>23b. DATE</b> <u>4-14-1962</u></p>
<p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Washington Park Cemetery</u></p>	<p><b>23d. LOCATION</b> (City, town, or county) (State) <u>St. Louis (County) Mo.</u></p>
<p><b>24. FUNERAL DIRECTOR</b> <u>Ellis Funeral Home-2820 Stoddard St.</u> ADDRESS _____</p>	<p><b>25. DATE RECD. BY LOCAL REG.</b> <u>APR 10 1962</u></p>
<p><b>26. REGISTRAR'S SIGNATURE</b> <u>Earl Smith, M.D.</u></p>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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**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 Carlton E. Culkin

Licensed Embalmer No. 4198

P. O. Address Stennis MS

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.