

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-020277

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. [REDACTED] STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 31 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF *W.H. B.A. Mrs. Bell*

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1524 No. Euclid Ave.				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Nathan Middle Click Last Click						4. DATE OF DEATH Month 5 Day 10 Year 62					
5. SEX Male		6. COLOR OR RACE Colored		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-6-1894		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) Laborer				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Marrouge, Louisiana		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Willis Click				13b. MOTHER'S MAIDEN NAME Elizabeth				14. NAME OF HUSBAND OR WIFE Clara Click			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes				16. SOCIAL SECURITY NO. No. 1		17. INFORMANT Sophonra Click (Dgt'r.) 1106 A O'Fallon					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Perinephritic Hemorrhage with uremia and cerebral edema; Cirrhosis of the liver; suffered when struck by car operated by one Henry Nathan in front of about 5005 Page about 3:05 AM April 30, 1962 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) accidental DUE TO (c)										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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE A <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above							
20c. TIME OF INJURY 3:05 p.m.		Month, Day, Year 4-30-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 66 Street		20f. CITY, TOWN, OR LOCATION St. Louis Mo		COUNTY STATE	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 1255 A m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner						22b. ADDRESS 1300 Clark Ave.			22c. DATE SIGNED 5-16-62		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-18-1962		23c. NAME OF CEMETERY OR CREMATORY National Cemetery			23d. LOCATION (City, town, or county) St. Louis (County) Mo.		23e. STATE		
24. FUNERAL DIRECTOR Ellis Funeral Home-2820 Stoddard St.						25. DATED BY LOCAL REG. May 16 1962		26. REGISTRAR'S SIGNATURE Loan 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 Arthur E. Luckin

Licensed Embalmer No. 4198

P. O. Address _____

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.

