

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020611

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5656**

FILED JUN 15 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

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>Mo.</i> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i> | | Length of stay in 1b <i>DOA</i> | c. CITY OR TOWN <i>St. Louis</i> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Homer G. Phillips</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <i>2817 Madison</i> |
| 3. NAME OF DECEASED (Type or print) First <i>Lucinda</i> Middle <i>King</i> Last <i>King</i> | | 4. DATE OF DEATH Month <i>June</i> Day <i>4</i> Year <i>1962</i> | |
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>Negro</i> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <i>1-12-1880</i> |
| 9. AGE (last birthday) <i>82</i> | | IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> | IF UNDER 24 HR Hours <i>0</i> Min. <i>0</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>None</i> | 11. BIRTHPLACE (City and state or country) <i>? Louisiana</i> |
| 12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i> | | 13a. FATHER'S NAME <i>Dan Overton</i> | |
| 13b. MOTHER'S MAIDEN NAME <i>Lucy ?</i> | | 14. NAME OF HUSBAND OR WIFE <i>Deceased</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>Isaac King</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>Arteriosclerotic Heart Disease;</i> <i>Generalized Arteriosclerosis.</i> DUE TO (b) <i>4200</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19. WAS AUTOPSY PERFORMED? 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 Hour _____ a.m. _____ 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <i>8:00 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Helen L. Taylor, Coroner</i> | | 22b. ADDRESS <i>1300 Clark Ave.</i> | 22c. DATE SIGNED <i>6-5-62</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | 23b. DATE <i>6-8-1962</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Fr. Dickson's Cemetery</i> | 23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i> |
| 24. FUNERAL DIRECTOR <i>G. E. ...</i> | | 25. REGD. BY <i>JUN 8 1962</i> | 26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</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

Oliver E. Crumball

Licensed Embalmer No.

5185

P. O. Address

1221 W Grand

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.