MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-025031
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6354

FILED JUL 6 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis
Length of stay in Ib
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Dr A Homer Phillips
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY
c. CITY OR TOWN: St Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4673 Kosuth
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Willie Middle: Mae Last: Parker
4. DATE OF DEATH: Month: June Day: 25 Year: 1962
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-4-10
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months 11 Days 27
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Poultry House
11. BIRTHPLACE (City and state or country): Macon, Miss
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Willie Parker
13b. MOTHER'S MAIDEN NAME: Viola
14. NAME OF HUSBAND OR WIFE: None
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: James Joiner Address: 4673 Kosuth

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia involving the
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): left lower and upper lobes.
DUE TO (c): 490x
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 ____ to ____ and last saw her/him alive on ____
Death occurred at 6:40 p.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: 6-27-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6-30-62
23c. NAME OF CEMETERY OR CREMATORY: Washington Pk
23d. LOCATION (City, town, or county): St Louis Co (State): MO
24. FUNERAL DIRECTOR: Reliable ADDRESS: 1389 Union
25. DATE RECD. BY LOCAL REG.: JUN 27 1962
26. REGISTRAR'S SIGNATURE: Joan Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	207		7-
3			
4	3		
5	0		
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11			
12	92-3		
13			

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BY AFFIDAVIT OF DOCUMENT

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 Clarence Crosson

Licensed Embalmer No. 4755

P. O. Address 1389 Union

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.