

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-025062

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5545**

FILED JUN 22 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair		c. CITY OR TOWN East St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Peoples Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 516-a Collinsville				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First BESSIE Middle MAE Last POE			4. DATE OF DEATH Month JUNE Day 1 Year 1962			5. SEX Female		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 3/22/1933		9. AGE (last birthday) 29		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR 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 NONE			11. BIRTHPLACE (City and state or country) Shuqualak, Mississippi			12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME JEFF POE				13b. MOTHER'S MAIDEN NAME CLASSIE NICHOLSON				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. Unknown		17. INFORMANT Classie Poe Address 516a Collinsville E. St. Louis, Ill.											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest; DUE TO (b) while under going operation (Tonsillectomy) DUE TO (c) at Peoples Hospital on June 1st 1962.											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) 510.1								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											
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) see above															
20c. TIME OF INJURY Hour Month, Day, Year p.m.		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.) Hospital 21		20f. CITY, TOWN, OR LOCATION St. Louis, Mo.		COUNTY		STATE									
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 7:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) <i>[Signature]</i>						22b. ADDRESS 1300 Clark			22c. DATE SIGNED 6-2-62										
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/7/62		23c. NAME OF CEMETERY OR CREMATORY Sunset Gardens of Memory			23d. LOCATION (City, town, or county) (State) Stokey Township, Illinois												
24. FUNERAL DIRECTOR <i>[Signature]</i> Address 2111 Missouri Avenue East St. Louis, Ill.				25. DATE RECD. BY LOCAL REG. JUN 2 1962		26. REGISTRAR'S SIGNATURE <i>[Signature]</i> 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

Marion C. Offner

Licensed Embalmer No.

4177

P. O. Address

6 St. Louis, Ill.

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.