

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025247

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

5796

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

FILED JUN 18 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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>St. Louis, City</b>		2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis</b>		Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cardinal Glennon Memorial</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5626a Maple</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Bernita</b> Middle <b>---</b> Last <b>Tappin</b>			4. DATE OF DEATH Month <b>6</b> Day <b>10</b> Year <b>62</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-5-62</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>6666</b>	9. AGE (last birthday) <b>0</b> IF UNDER 1 YEAR Months <b>3</b> Days <b>5</b> Hours <b> </b> Min. <b> </b>
11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry L.</b>		13b. MOTHER'S MAIDEN NAME <b>Winston, Evelyn</b>	
14. NAME OF HUSBAND OR WIFE <b>Henry Tappin</b>		Address <b>5626a Maple Ave.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Henry Tappin</b>		Address <b>5626a Maple Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Heart failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Congenital heart disease</b>			<b>3 mo</b>
DUE TO (c) <b>Coarctation of aorta, aortic stenosis, ventricular septal defect</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>754.6</b>			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 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.) <b>754.6</b>	
20c. TIME OF INJURY Hour <b> </b> a.m. <b> </b> p.m. Month, Day, Year <b> </b>		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.) <b> </b>		20f. CITY, TOWN, OR LOCATION <b> </b>	COUNTY <b> </b> STATE <b> </b>
21. I attended the deceased from <b>6-1-62</b> to <b>6-10-62</b> and last saw her/him alive on <b>6-9-62</b> Death occurred at <b>1250 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>T. H. Wellman</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>1825 S. Grand, St. Louis</b>	22c. DATE SIGNED <b>6-11-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6-11-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Co Mo.</b>
24. FUNERAL DIRECTOR <b>JAS. H. RANDLE &amp; SON</b> ADDRESS <b>3133 Bell Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 11 1962</b>	26. REGISTRAR'S SIGNATURE <b>Ward Smith, M.D.</b>

**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 NOT EMBALMED Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed JAS. H. RANDLE & SON  
*Edward H. Randle*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address 3133 Bell Ave.

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.