

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

84118 -62-032961  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13

DATE AMENDED  
2-2-49

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

75

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

1. **FILED SEP 10 1962**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. COUNTY \_\_\_\_\_ a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MO.** Length of stay in lb \_\_\_\_\_ c. CITY OR TOWN **St. Louis** Inside Limits Yes  No

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSP. #1** Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) **300La Texas** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **QUINNIE** Middle **TAYLOR** Last \_\_\_\_\_ 4. DATE OF DEATH Month **AUG.** Day **29** Year **1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **4/1/1874** 9. AGE (last birthday) **88** 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 \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) **Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Willie**

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. **None** 17. INFORMANT **Nolan Taylor, 300La Texas** Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **CARCINOMA OF LUNG** INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_ **163x**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **PULMONARY NODULES & EMPHYSEMA, PEPTIC ULCERS**

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 **8-26-62** to **8-29-62** and last saw her/him alive on **8-29-62**. Death occurred at **9:00A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **J. E. [Signature]** (Degree or title) **M. D.** 22b. ADDRESS **1515 LAFAYETTE** 22c. DATE SIGNED **8-29-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **8-29-62** 23c. NAME OF CEMETERY OR CREMATORY **Dobson Graveyard** 23d. LOCATION (City, town, or county) **Graves Co., Ky.** (State) \_\_\_\_\_

24. FUNERAL DIRECTOR **Albert H. Hoppe, Inc., 4700 Washington Blvd.** ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. **AUG 29 1962** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

BRITTINGHAM

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 *John J. Harris*  
Licensed Embalmer No. 4108  
P. O. Address *Harris*

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.