MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9434 -62-036198 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED OCT 11 1962

1. PLACE OF DEATH — COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) — a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b

c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3642 St. Louis Ave. — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 3642 St. Louis Ave — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Eva — Middle — Last Green

4. DATE OF DEATH: Month 9 Day 29 Year 62

5. SEX: Female

6. COLOR OR RACE: Col.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Unknown

9. AGE (last birthday): Abt. 75 — 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): House keeper

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Benton, La.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Andrew Jackson

13b. MOTHER'S MAIDEN NAME: Lizzie Hunter

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Eliza Kirkpatrick — Address: 3642 St. Louis

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

IMMEDIATE CAUSE (a): Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Carcinoma of the rectum — 1 year

DUE TO (c): 154X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Malnutrition

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 8/30/62 to 9/29/62 and last saw her/him alive on 9/29/62. Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): R. Williams, M.D.

22b. ADDRESS: 4703 St. Louis Ave.

22c. DATE SIGNED: 10/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10-4-62

23c. NAME OF CEMETERY OR CREMATORY: Father Dickson Cem.

23d. LOCATION (City, town, or county) (State): Kirkwood, Mo.

24. FUNERAL DIRECTOR: A.L. Beal Und. Co. — ADDRESS: 4303 Delmar

25. DATE RECD. BY LOCAL REG.: OCT 2 1962

26. REGISTRAR'S SIGNATURE: Noal 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	211		7-
3			
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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 Arthur L. Hellard

Licensed Embalmer No. 4221

P. O. Address 3100 Easton

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.