

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036276

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8537** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

FILED SEP 17 1962

1. PLACE OF DEATH
 a. COUNTY **ILLINOIS** b. COUNTY **COOK**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST LOUIS** Length of stay in lb
 c. CITY OR TOWN **CHICAGO** Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **D.O.A Phillips Hosp** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **214 C. 35th ST.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **ESTELLA** Middle **HOLMES** Last
 4. DATE OF DEATH Month **9** Day **3** Year **1962**

5. SEX **FEMALE** 6. COLOR OR RACE **colored** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **4-1-99** 9. AGE (last birthday) **63 yrs** 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 WIFE** 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) **EGYPT, MISS** 12. CITIZEN OF WHAT COUNTRY **U.S.A**

13a. FATHER'S NAME **UNKNOWN** 13b. MOTHER'S MAIDEN NAME **CHARIE HAMPTON** 14. NAME OF HUSBAND OR WIFE **Joseph Holmes**

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 Address **EMMA TAYLOR 8131 PENN. CHICAGO, 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) **Coronary Insufficiency**
 DUE TO (b) **Acute Pulmonary edema**
 DUE TO (c) **4201**
 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 **1209** to _____ and last saw her/him alive on _____
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **Joseph Indurman M.D.** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **9-4-62**
 23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **9-4-62** 23c. NAME OF CEMETERY OR CREMATORY **CHICAGO, ILL.** 23d. LOCATION (City, town, or county) (State)
 24. FUNERAL DIRECTOR **A.F. WALTON 2707-STEEDHARD** ADDRESS 25. DATE RECD. BY LOCAL REG. **SEP 4 1962** 26. REGISTRAR'S SIGNATURE **Loed Smith 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

Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 3100 Easton 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.