

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039973
10284

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10284

FILED NOV 13 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT MEDICAL CERTIFICATION BY AFFRUIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O. A. Homer G. Phillips</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2941 Madison</u>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <u>Cornelia</u> Middle <u>Barry</u> Last <u>Barry</u>			4. DATE OF DEATH Month <u>10-</u> Day <u>25</u> Year <u>1962</u>			5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-2-1886</u>		9. AGE (last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>						10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>						11. BIRTHPLACE (City and state or country) <u>Miss.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>					
13a. FATHER'S NAME <u>Franklin Haughton</u>				13b. MOTHER'S MAIDEN NAME <u>Annie Poston</u>				14. NAME OF HUSBAND OR WIFE <u>Deceased</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>				17. INFORMANT <u>Marion Poindexter 2941 Madison</u>				Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE												INTERVAL BETWEEN ONSET AND DEATH							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO <u>Second and third degree burns of 50% of body suffered when clothing became ignited while starting fire in stove in home on or about 10-24-62.</u>																			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>accident 9/60-16</u>												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 type="checkbox"/> NO <input checked="" 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.) <u>See above</u>															
20c. TIME OF INJURY Hour <u>?</u> a.m. <u>?</u> p.m. <u>?</u>		Month, Day, Year <u>10-24-62</u>		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.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis, Mo</u>		COUNTY		STATE							
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <u>1:30 P.</u> _____ on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE <u>Joseph D. [Signature]</u> (Degree or title)						22b. ADDRESS <u>1300 Clair</u>						22c. DATE SIGNED <u>10-27-62</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10-31-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u>				23d. LOCATION (City, town, or county) <u>St. Louis County</u>		STATE <u>Mo.</u>									
24. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>1221 N. Grand Blvd.</u>				25. DATE RECD. BY LOCAL REG. <u>OCT 27 1962</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>													

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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

Melvin Blanche

Licensed Embalmer No.

3962

P. O. Address

4221 N. Grand 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.