

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-040478  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9626**

FILED OCT 19 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in lb Life		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		Missouri COUNTY		c. CITY OR TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
St. Louis		St. Louis		Life		Missouri		St. Louis		St. Louis		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Homer G. Phillips				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		1245a N. Kingshighway Blvd.				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)						4. DATE OF DEATH								
First			Middle			Last			Month		Day		Year	
Bettie			McConico						10-5		1962			
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR		
Female		Negro				3-17-1899		63		Months		Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY						
Maid				Bakery Ellerbrock Co.		St. Louis, Mo.		U.S.A.						
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE						
Thomas Carnes				Annie Bibbs				Claude McConico - DECEASED						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT								
No						67248 Stoney Island Clementine Blakley-Chicago, Ill.								
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:												INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a)														
Cardiac arrest; Coronary artery disease. While under going (limblectomy)														
DUE TO (b)														
Home Phillips Hospital on October 5 <sup>th</sup> 1962.														
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 there a pregnancy in last 90 days.		
accident 950X 46												<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT		SUICIDE		HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		A						See above						
20c. TIME OF INJURY		Hour		Month, Day, Year.										
		a.m.		10-5-62										
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.)		20f. CITY, TOWN, OR LOCATION										
		Hospital		St. Louis, Mo.										
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____														
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title)						22b. ADDRESS			22c. DATE SIGNED					
[Signature]						1300 Clark			10-8-62					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		23e. STATE						
Burial		10/10/1962		Greenwood Cemetery		St. Louis		Mo.						
24. FUNERAL DIRECTOR						ADDRESS		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE				
Riley Undertakers-3759 Finney Ave.						OCT 8 1962		[Signature]		M.D.				

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

**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

*Lamar B. Johnson*

Licensed Embalmer No. 4341

P. O. Address St Louis, Mo

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.