MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED NOV 30 1962

-62-044218
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11109

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 40 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1711 N. Taylor Ave — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1711 N. Taylor Av. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First William Middle Last Fort
4. DATE OF DEATH: Month 11 Day 17 Year 62
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-15-1888
9. AGE (last birthday): 73 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): Hauling
10b. KIND OF BUSINESS OR INDUSTRY: Trucking
11. BIRTHPLACE (City and state or country): Tuscumbia Ala.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unk -
13b. MOTHER'S MAIDEN NAME: Unk -
14. NAME OF HUSBAND OR WIFE: Rebecca Fort
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic
16. SOCIAL SECURITY NO.
17. INFORMANT: Rebecca Fort Address: 1711 N. Taylor Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): MYOCARDITIS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROSIS.
DUE TO (c): SENILITY. 422.1
INTERVAL BETWEEN ONSET AND DEATH

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

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 5-14-62 to 11-16-62 and last saw him alive on 11-16-62
Death occurred at 11-17-62 11:35 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert E. Long (Degree or title) M.D.
22b. ADDRESS: 4619 McMillan St. Louis Mo.
22c. DATE SIGNED: 11-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Rem.
23b. DATE: 11-21-62
23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cem.
23d. LOCATION (City, town, or county): St. Louis (State) Mo.

24. FUNERAL DIRECTOR: Manuel Und. Co. ADDRESS: 1711 N. Taylor Av.
25. DATE RECD. BY LOCAL REG.: NOV 19 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		12
3			
4	2		
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12	70.0		
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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 _____ Signed W. Claude Gordon
Signature of Student Embalmer

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

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.