

2360

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044982

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9610 STATE FILE NUMBER

FILED DEC 7 1962

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED

ITEM NO. SHOULD READ

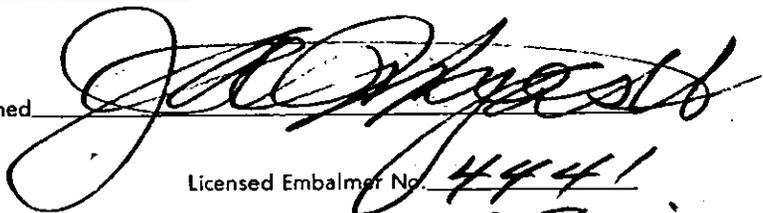
BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

1. PLACE OF DEATH -- a. COUNTY <i>Mo</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Mo</i>		Length of stay in 1b	c. CITY OR TOWN <i>ST LOU</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home Phyllis Hosp</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>712 N 7th St</i>
3. NAME OF DECEASED (Type or print) First <i>LENA</i> Middle <i>TUCKER</i>		4. DATE OF DEATH Month <i>Oct</i> Day <i>5</i> Year <i>1962</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9/18/99</i>
9. AGE (last birthday) <i>63</i>		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) <i>Homemaker</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Arkansas</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>		13a. FATHER'S NAME <i>hnh</i>	
13b. MOTHER'S MAIDEN NAME <i>hnh</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT <i>William Briggs</i> Address <i>728 Gregg</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>493x</i>			
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. <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 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 _____ to _____ and last saw her/him alive on _____ Death occurred at <i>12:40</i> P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul J. Simon</i> (Degree or title) <i>Deputy Coroner</i>		22b. ADDRESS <i>1308 Clark</i>	22c. DATE SIGNED <i>10/8/62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>10 Oct 62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oakdale</i>	23d. LOCATION (City, town, or county) (State) <i>St Louis Co Mo</i>
24. FUNERAL DIRECTOR <i>Reliable Funeral Sg</i> ADDRESS <i>1389 N. Union</i>	25. DATE RECD. BY LOCAL REG. <i>OCT 8 1962</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

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  _____

Licensed Embalmer No. 4441
P. O. Address 1389 Union

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.