

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009508

DO NOT WRITE ON THIS STUB

AMENDED

Filed FEB 19 1963

Primary Registration District No.

1003

Registrar's No.

1283

STATE FILE NUMBER

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

SHOULD READ

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	c. CITY OR TOWN
St. Louis			St. Louis
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 type="checkbox"/>
4837 Labadie			4837 Labadie

3. NAME OF DECEASED (Type or print) First Middle Last	4. DATE OF DEATH Month Day Year
MARY THOMPSON	2 3 63
5. SEX	6. COLOR OR RACE
Female	Negro
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
	4/18/93
9. AGE (last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
69	none

11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
O'Fallon Mo.	U.S.A.
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME
George Washington	Evelyn Ball
14. NAME OF HUSBAND OR WIFE	
Deceased	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
		Helen McRoberts 4837 Labadie

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY...)	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>acute coronary occlusion</i>	<i>one day</i>

Conditions, if any, which may rise to above cause (a), starting the underlying cause (a) *420.1*

DUE TO (b) _____

DUE TO (c) _____

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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	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
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21. I attended the deceased from <i>Feb 3, 1963</i> to <i>Feb 3, 1963</i> and last saw her alive on <i>2-3-63</i>

Death occurred at *539 P* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Fraser S. Alexander MD</i>	22b. ADDRESS <i>1363 N Gardner St Louis</i>	22c. DATE SIGNED <i>2-5-63</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>2/8/63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>
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24. FUNERAL DIRECTOR <i>Grant Johnson 2615 Marcus Ave</i>	25. DATE RECD. BY LOCAL REG. <i>FEB 6 1963</i>	26. REGISTRAR'S SIGNATURE <i>Loal Smith, M.P.</i>
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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 F. A. Sheen

Licensed Embalmer No. 2963

P. O. Address 4214 Selman

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.