

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-022377

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6031**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 13 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS** Length of stay in 1b **DOA**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **City Hospital No. 1** 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) **1614 R. FRANKLIN AVE** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Geneva Ware**

4. DATE OF DEATH Month Day Year **6-2-63**

5. SEX **FEMALE** 6. COLOR OR RACE **Colored** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **4/15/1916** 9. AGE (last birthday) **47** IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **Tupelo, Miss**

11. BIRTHPLACE (City and state or country) **U.S.A.**

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME **Mose Gray** 13b. MOTHER'S MAIDEN NAME **Lula McDonald**

14. NAME OF HUSBAND OR WIFE **Louise Farrow Buchanan Michigan**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO**

16. SOCIAL SECURITY NO. **[Redacted]** 17. INFORMANT **Louise Farrow Buchanan** Address **Michigan**

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Fracture - Dislocation of the Spine, atlas and Axis, when found on lot in the rear of 1715 Delmar Ave., manner of same unknown, suffered at the hand of party or parties unknown, on or about June 2nd, 1963.**
DUE TO (b) **983x**
DUE TO (c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE TEST.

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.
 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.) **See Above**

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.) **On lot**

20f. CITY, TOWN, OR LOCATION **St. Louis, Mo.** COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **D.O.A. at 11:50 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Joseph M. Decker** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **6-7-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **6/8/63** 23c. NAME OF THE CEMETERY (OR CREMATORY) **FATHER DICKSON CEMETERY** 23d. LOCATION (City, town, or county) **St. Louis Co., MO.** (State)

24. FUNERAL DIRECTOR **W. ROBINSON & SONS, 2511 FRANKLIN AVE.** ADDRESS **ST. LOUIS, MO.** 25. DATE RECD. BY LOCAL REG. **JUN 7 1963** 26. REGISTRAR'S SIGNATURE **Road Smith, M.O.**

VS 300 Rev. 4/59

1

2 **22**

3

4 **3**

5 **2**

6

7 **1**

8 **1**

9

10

11

12 **92-3**

13

91

DATE AMENDED

2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1800

2000

210

STATEMENT BY LICENSED EMBALMER

E-39

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 Leroy W. Pannister

Licensed Embalmer No. 43 23

P. O. Address 4257 WASHINGTON

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/she must sign in his/her own handwriting
If this body is not embalmed, fact should be so stated above.