

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030516

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7517

STATE FILE NUMBER

FILED AUG 15 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 5207 Northland

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

5207 Northland

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First
Lula

Middle

Last
Sims

4. DATE OF DEATH

Month

Day

Year

7

19

63

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-15-93

9. AGE (last birthday)

70

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)

Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Brooksville, Miss.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Mote Brooks

13b. MOTHER'S MAIDEN NAME

Margaret Wright

14. NAME OF HUSBAND OR WIFE

Widowed

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.

17. INFORMANT

Address

Ida Bazzell 5206 Northland Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion;

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Atherosclerosis.

DUE TO (c)

4201

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)

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

to

and last saw her alive on

Death occurred at

of 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

23a. MANNER OF REMOVAL (Specify)

Removal

23b. DATE

7-24-63

23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cem.

23d. LOCATION (City, town, or county)

Berkeley, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

A. L. Beal Und. Co. 4303 Delmar

25. DATE RECD. BY LOCAL REG.

JUL 22 1963

26. REGISTRAR'S SIGNATURE

Ed Smith, M.D.

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 Vera Thompson Wilson

Licensed Embalmer No. 4435

P. O. Address 4313 Bellman

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.