

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033524

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8860

FILED SEP 6 1963

DO NOT WRITE ON THIS STUD

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Length of stay in 1b	c. CITY OR TOWN Saint Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4180 West Belle Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Lottie Coleman		4. DATE OF DEATH Month 8 Day 30 Year 63	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/7/1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 70 IF UNDER 1 YEAR Months 5 Days 23 IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) Hickman, Ky.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Threlkel		13b. MOTHER'S MAIDEN NAME Millie Walker	
14. NAME OF HUSBAND OR WIFE Willie Coleman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <input type="checkbox"/>) No		16. SOCIAL SECURITY NO. <input type="checkbox"/>	
17. INFORMANT Susie Burrus, 4180 West Belle		Address	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 331x			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			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. Informed the deceased from 8-26-63 to 8-30-63 and last saw live on 8-30-63 Death occurred at 10:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James H. [Signature]</i>		22b. ADDRESS 2601 Whittier	22c. DATE SIGNED 9-3-63
22d. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	22e. LOCATION (City, town, or county) St. Louis County, Mo.		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/5/63		
24. FUNERAL DIRECTOR Charles J. Gates, Jr., 4107 Finney	25. DATE RECD. BY LOCAL REG. SEP 3 1963	26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>	

Missouri

St. Louis

190 West Belle

83 30

8

Coleman

State Louis

Homer G. Phillips

Lottie

Medico

Female

Label

Cerebral Hemorrhage

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,

x or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Rayton Swan

Licensed Embalmer No. 4580

83-30-8

x

83-30-8

10:40

83-30-8

P. O. Address 4107 Finney

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.