RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-013435
STATE FILE NUMBER

FILED VS MAR 3 1 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 3307

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 51 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Deaconess Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: City
c. CITY OR TOWN: St. Louis 12,
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5570 Cabanne Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MR. Middle WILLIAM Last EDWARDS WOOTTEN
4. DATE OF DEATH: Month March Day 20, Year 1960
5. SEX: M.
6. COLOR OR RACE: W.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/17/1909
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Writer
10b. KIND OF BUSINESS OR INDUSTRY: Self-employed
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Hinton K. Wootten
13b. MOTHER'S MAIDEN NAME: Ethel Rieff
14. NAME OF HUSBAND OR WIFE: Marie K. Wootten
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Wm. E. Wootten
Address: 5570 Cabanne Ave (12)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Gastrointestinal Hemorrhage from Esophageal Varicies
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cirrhosis of the liver
DUE TO (c) 581.0
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 March 4, 1960, to March 29, 1960 and last saw ~~her~~ him alive on March 19, 1960
Death occurred at 8:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert H. Ramsey (Degree or title) M.D.
22b. ADDRESS: 25a S Florissant, Ferguson Mo.
22c. DATE SIGNED: 3/22/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3/23/1960
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
23d. LOCATION (City, town, or county) (State): St. Louis County Missouri

24. FUNERAL DIRECTOR: Alexander & Sons
ADDRESS: 6175 Delmar Blvd.
25. DATE RECD. BY LOCAL REG.: MAR 23 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. M.C.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

Dr. Hanford Phillips
1117 Union Blvd.
F01-2252

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Jos. E McCulloh
Signature of Student Embalmer

Licensed Embalmer No. 2960

P. O. Address 6170 Ell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.