URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-047774

D VS DEC 23 1960

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Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10447 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b

c. CITY OR TOWN St. Louis — Inside Limits Yes ☑ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis City Hosp #1 — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 2121 Dickson, Apt. 1100 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Mattie Middle Sue Last Moton

4. DATE OF DEATH Month 10 Day 26 Year 60

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9/9/11

9. AGE (last birthday) 49 — 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) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Famous & Barr Co

11. BIRTHPLACE (City and state or country) Alabama

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME J. B. Williams

13b. MOTHER'S MAIDEN NAME Roma Scott

14. NAME OF HUSBAND OR WIFE Webster Moton

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. 492-05-9354

17. INFORMANT Webster Moton — Address 2121 Dickson

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

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Toxic Encephalitis;

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bacteremia (Non-traumatic)

DUE TO (c) 053.4

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/him alive on _____

Death occurred at 12:35 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. Quinn Deputy Coroner

22b. ADDRESS 1300 - Clark

22c. DATE SIGNED 10-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10-31-60

23c. NAME OF CEMETERY OR CREMATORY Washington Park

23d. LOCATION (City, town, or county) (State) Brown Rd. St. Louis Cty. Mo

24. FUNERAL DIRECTOR Gordon & English — ADDRESS 1123 N. Taylor

25. DATE RECD. BY LOCAL REG. OCT 28 1960

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. Claude Gordon
Signature of Student Embalmer

Licensed Embalmer No. 3489

P. O. Address 1123 N. Ta

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