# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 1 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 742 -61-003769

STATE FILE NUMBER 003769

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT |
|---|---|---|---|---|
| | | | 6 | |

1. PLACE OF DEATH
a. COUNTY

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 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) 5134 Ashland Ave. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5134 Ashland Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Anna Middle L. Last Vails

4. DATE OF DEATH Month Jan. Day 20, Year 1961

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9-10-1884

9. AGE (last birthday) 76 — 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) Nil

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) Columbus, Mississippi

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Unk.

13b. MOTHER'S MAIDEN NAME Unk.

14. NAME OF HUSBAND OR WIFE Chas. Vails

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. Unk.

17. INFORMANT Mattie Miller Address 5134 Ashland Ave.

MEDICAL CERTIFICATION

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) | Coronary Thrombosis | 2-3 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Coronary Artery Disease | 18 hrs |
| DUE TO (c) | 420.1 | |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None

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 June 20, 1960, to Jan. 14, 1961 and last saw her alive on Jan. 14, 1961

Death occurred at 10: AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. M. Turner, MD

22b. ADDRESS 3861 St. Louis Ave.

22c. DATE SIGNED 1-23-61

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

23b. DATE 1-26-61

23c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.

23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR G. Wade Granberry ADDRESS 4202 Finney Ave.

25. DATE RECD. BY LOCAL REG. JAN 24 1961

26. REGISTRAR'S SIGNATURE Hand 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 _____ Signed Edward C. Flynn
Signature of Student Embalmer

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.

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