# SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-010445

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2276 STATE FILE NUMBER 10445

FILED VS MAR 16 1961

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 (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips | Inside Limits Yes ☐ No ☐ | d. STREET ADDRESS (If outside, give location) 1825 Goode | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Wilbie Middle: Last: Belger | 4. DATE OF DEATH Month 3 Day 4 Year 61

5. SEX Female | 6. COLOR OR RACE Negro | 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ | 8. DATE OF BIRTH 20 Nov 98 | 9. AGE (last birthday) 62 | IF UNDER 1 YEAR Months 3 Days 14 | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) St. Louis Missouri | 12. CITIZEN OF WHAT COUNTRY U. S. A

13a. FATHER'S NAME John Woods | 13b. MOTHER'S MAIDEN NAME Elizabeth Smith | 14. NAME OF HUSBAND OR WIFE Herman Belger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mr Herman Belger | Address 1825 Goode Ave

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) Carcinoma of Cervix, Stage IV, with Metastasis to Brain | 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) 171X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Anemia due to blood loss

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 3-1-61, to 3-4-61 and last saw her alive on 3-4-61

Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. H. Wood M.D. | 22b. ADDRESS 2601 N. Whittier St. | 22c. DATE SIGNED 3-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 3/9/61 | 23c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks | 23d. LOCATION (City, town, or county) Jefferson Barracks (State) Mo

24. FUNERAL DIRECTOR Herman L. Smith | ADDRESS 4247/w Labadie Ave | 25. DATE RECD. BY LOCAL REG. MAR 8 1961 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

**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 Thomas M Dobson

Licensed Embalmer No. 4479

P. O. Address East St Louis

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.