

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

2792

=61-011648

STATE FILE NUMBER

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

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

F

1. PLACE OF DEATH DIED APR 7 1961				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, MO		Length of stay in 1b _____		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5821 WATER ST		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last MATILDA STRONG				4. DATE OF DEATH Month Day Year MARCH 22, 1961					
5. SEX FEMALE		6. COLOR OR RACE colored		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-1-1889		9. AGE (last birthday) 71 YRS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) West Point, Miss		12. CITIZEN OF WHAT COUNTRY U.S.A			
13a. FATHER'S NAME ISAAC SWIFT			13b. MOTHER'S MAIDEN NAME SARAH Redmond			14. NAME OF HUSBAND OR WIFE _____			
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. 903.5-44		17. INFORMANT Address James Swift 1345 Leffingwell			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary Embolus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Paralysis 20 to Cervical cord compression 16 days DUE TO (c) Fall INTERVAL BETWEEN ONSET AND DEATH 1-2 mins.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 903.5-44						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 checked="" 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.) Tripped and fell while walking downhill to water-front near her home					
20c. TIME OF INJURY Hour Month, Day, Year 3:00 P.M. Mar 6 1961		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.) Street (Water St.)		20f. CITY, TOWN, OR LOCATION St. Louis, Missouri		COUNTY STATE	
21. I attended the deceased from 3/6/61 to 3/22/61 and last saw her 12:45 p and last saw him alive on 3/22/61 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <i>Joseph H. ...</i>		22b. ADDRESS 1615 LAFAYETTE AVE		22c. DATE SIGNED 3/22/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-24-61		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) West Point, MISS		(State)	
24. FUNERAL DIRECTOR A.F. WALTON 2707 STODDARD ST.				25. DATE REGD. BY LOCAL REG. MAR 23 1961		26. REGISTRAR'S SIGNATURE <i>Lead Smith, M.D.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

