SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

=61=011687
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3023

FILED APR 14 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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) 2211 Franklin

Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Frank Middle: Chism Last: Titsworth

4. DATE OF DEATH Month: 3 Day: 26 Year: 61

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6/12/1894

9. AGE (last birthday) 66

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) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.

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

13a. FATHER'S NAME UNKNOWN

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE Lola Titsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Lola Titsworth Address 1342 N. Elliott

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) Cerebral Vascular Accident — 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) 331X

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 3-21-61, to 3-26-61 and last saw ~~xx~~ him alive on 3-26-61

Death occurred at 7:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Sydney A. Fraser (Degree or title) M. D.

22b. ADDRESS 2601 N. Whittier St.

22c. DATE SIGNED 3-27-61

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

23b. DATE 3/31/61

23c. NAME OF CEMETERY OR CREMATORY Father Dickson

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

24. FUNERAL DIRECTOR W. Robinson & Sons ADDRESS 2911 Franklin

25. DATE RECD. BY LOCAL REG. MAR 30 1961

26. REGISTRAR'S SIGNATURE Earl 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_____
Signature of Student Embalmer

Signed Eugene Miles

Licensed Embalmer No. 362

P. O. Address 2911 Fra

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.