

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 318 PRIMARY REGISTRATION DISTRICT NO. 1003 REGISTRAR'S NO. 1543 STATE FILE NUMBER 61-041781

AMENDED **FILED** APR 7 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in-1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hosp.</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>913 A Cardinal Avenue</b>				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Dorothy</b> Middle <b>Williams</b> Last						4. DATE OF DEATH Month <b>2</b> Day <b>12</b> Year <b>1961</b>							
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-26-1933</b>		9. AGE (last birthday) <b>28</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>16</b>		IF UNDER 24 HR Hours <b>16</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>				12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>Jimmie Potter</b>				13b. MOTHER'S MAIDEN NAME <b>Floydie Jones</b>				14. NAME OF HUSBAND OR WIFE <b>Deceased</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>9717</b>		17. INFORMANT <b>Floydie Potter</b>		Address <b>4234 A. Cote Brilliance</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Sodium Fluoride Poisoning; self administered</b> DUE TO (b) <b>in home on February 12, 1961. while suffering from</b> DUE TO (c) <b>Temporary mental aberration.</b> <b>SUICIDE</b>										INTERVAL BETWEEN ONSET AND DEATH			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>See above</b>									
20c. TIME OF INJURY Hour <b>2</b> a.m. p.m. Month, Day, Year <b>12-61</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo</b>		COUNTY		STATE			
21. I attended the deceased from _____ to _____ and last saw her <sup>him</sup> alive on _____ Death occurred at _____ <b>725 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Joseph M. Zienton, M.D.</b>						22b. ADDRESS <b>1300 West</b>			22c. DATE SIGNED <b>2-15-61</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>2-18-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Father Dickson</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>							
24. FUNERAL DIRECTOR <b>Ellis Funeral Home, Inc.</b>				ADDRESS <b>2820 Stoddard</b>		25. DATE RECD. BY LOCAL REG. <b>FEB 15 1961</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>					

**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 *Fulton E. Culkin*

Licensed Embalmer No. 4198

P. O. Address *W. H. ...*

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.