

AMENDED FILED Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3510**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Length of stay in 1b		c. CITY OR TOWN Saint Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1208 N. Euclid			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1208 N. Euclid		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First NETTIE Middle WASHINGTON Last				4. DATE OF DEATH Month April Day 9 Year 1961									
5. SEX Female		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/20/88		9. AGE (last birthday) 73		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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and state or country) Columbus, Miss.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME James Hariston				13b. MOTHER'S MAIDEN NAME Evelyn				14. NAME OF HUSBAND OR WIFE James Washington					
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. ---		17. INFORMANT Address James Washington, 1208 N. Euclid							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Heart Disease										INTERVAL BETWEEN ONSET AND DEATH 1 yr			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												DUE TO (b)	
												DUE TO (c) 443X	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)									
20c. TIME OF INJURY Hour 11 a.m. Month, Day, Year 1/20/61				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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 1/20/61 to 4/9/61 and last saw her/him alive on 4/9/61 Death occurred at A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Charles J. Gates</i> (Degree or title)						22b. ADDRESS 423 Washington				22c. DATE SIGNED 4/9/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/14/61		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery				23d. LOCATION (City, town, or county) St. Louis Co., Mo.					
24. FUNERAL DIRECTOR Charles J. Gates, 4107 Finney ADDRESS						25. DATE RECD. BY LOCAL REG. APR 12 1961		26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>					

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 *Newton Swan*

Licensed Embalmer No. 4580

P. O. Address. 4107 Finney

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.