MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-023314
STATE FILE NUMBER

AMENDED

FILED JUL 7 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6139

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 4 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Chronic Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1828a N. Grand
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: MAMIE Middle: Last: WEBSTER
4. DATE OF DEATH: Month 6 Day 26 Year 61
5. SEX: F
6. COLOR OR RACE: NEGRO
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-10-92
9. AGE (last birthday): 69
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: None
11. BIRTHPLACE (City and state or country): CHARLESTON, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Holmes Finley
13b. MOTHER'S MAIDEN NAME: Nona Finley
14. NAME OF HUSBAND OR WIFE: NONE
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.: NONE
17. INFORMANT: ANNIE Hammonds Address: 4129 Kennerly

INSTEAD OF

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: SEVERAL YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): GENERALIZED ARTERIOSCLEROSIS — SEVERAL YEARS
DUE TO (c): 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): CHRONIC PYELONEPHRITIS – DECUBITI – ANEMIA
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

MEDICAL CERTIFICATION

21. I attended the deceased from 6-25-57 to 6-26-61 and last saw her/him alive on 6-26-61
Death occurred at 10:25 PM P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: John J. Keenoy (Degree or title): M.D.
22b. ADDRESS: 5800 Arsenal Ave
22c. DATE SIGNED: 6-27-61
23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 7/1/61
23c. NAME OF CEMETERY OR CREMATORY: Washington Park
23d. LOCATION (City, town, or county) (State): Berkeley, Mo.
24. FUNERAL DIRECTOR: E.B. Koence ADDRESS: 1221 S. Grand
25. DATE RECD. BY LOCAL REG.: JUN 30 1961
26. REGISTRAR'S SIGNATURE: Hood Smith M.D.

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

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 Oliver E Crumbley, Student Embalmer No. 642

working under my personal supervision.

Student Oliver E Crumbley
Signature of Student Embalmer

Signed Milton Blackburn

Licensed Embalmer No. 3962

P. O. Address 1221 N. Gra

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.