

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-031233

AMENDED

Registration District No. 28

318

Primary Registration District No. 1003

Registrar's No. 7703

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF MEDICAL CERTIFICATION

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 ST. LOUIS, MO.			Length of stay in 1b	c. CITY OR TOWN St. Louis, Missouri		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) 2325 a La Salle		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ADELLA Middle Last WOODS				4. DATE OF DEATH Month 8 Day 17 Year 61			
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5 /29/36	9. AGE (last birthday) 25	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) P. Nurse			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Calad Johnson			13b. MOTHER'S MAIDEN NAME Lillie Bell Porter		14. NAME OF HUSBAND OR WIFE Wilbert Woods		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, Ne (unknown) (If yes, No (in war or dates of service))				17. INFORMANT Wilbert Woods Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Capture of congenital Anemias of Cordic of Cordic</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 330X							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 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 _____ a.m. _____ p.m.		Month, Day, Year					
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 8/14/61 to 8/17/61 and last saw her alive on 8/17/61 Death occurred at 1:50 AM m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Gene M. Kuehn M.D.</i> (Doctor or title)			22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 8/17/61		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE 8-20-61	23c. NAME OF CEMETERY OR CREMATORY Greenwood		23d. LOCATION (City, town, or county) St. Louis Missouri		(State)	
24. FUNERAL DIRECTOR <i>E. B. Koonce</i> E. B. Koonce Mortuary 1221 Grand Blvd.		ADDRESS	25. DATE RECD. BY LOCAL REG. AUG 18 1961	26. REGISTRAR'S SIGNATURE <i>Loal 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

Melvin Starkman

Licensed Embalmer No.

3967

P. O. Address

1221 N. Brown

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.