

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -71-039379

AMENDED Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10122 STATE FILE NUMBER

FILED NOV 10 1961

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|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>                            |  | Length of stay in 1b  | c. CITY OR TOWN <u>St. Louis</u>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Louis Chronic Hospital</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>3909 Evans Ave.</u> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Sam</u> Middle Last <u>WHITE</u> |  |  | 4. DATE OF DEATH<br>Month <u>Oct.</u> Day <u>30</u> Year <u>1961</u> |  |  |
|--|--|--|--|--|--|

|                       |                                  |   |                                      |                                     |   |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>Negro</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>5-12-1876</u> | 9. AGE (last birthday)<br><u>85</u> | IF UNDER 1 YEAR<br>Months Days Hours Min. |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|

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|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Nil</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><u>St. Joseph, Louisiana</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |
|---|-----------------------------------|--|---|

|                                      |   |                             |
|--------------------------------------|---|-----------------------------|
| 13a. FATHER'S NAME<br><u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE |
|--------------------------------------|---|-----------------------------|

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|---|---|--|-----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>Unknown</u> | 17. INFORMANT<br><u>Mrs Tommystene Kincaid</u> | Address<br><u>3909 Evans Ave.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Apoplexy</u> |                        | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b)             |  |
|  | DUE TO (c) <u>334X</u> |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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|--|--|--|------------------------------|--------|-------|
| 20c. TIME OF INJURY<br>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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ 8:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

|  |  |                                   |                                     |
|--|--|-----------------------------------|-------------------------------------|
| 22a. SIGNATURE<br><u>Paul J. Simon</u> | (Degree or title)<br><u>Deputy Coroner</u> | 22b. ADDRESS<br><u>1300 Clark</u> | 22c. DATE SIGNED<br><u>11/24/61</u> |
|--|--|-----------------------------------|-------------------------------------|

|   |                             |   |   |
|---|-----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 23b. DATE<br><u>11-6-61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Greenwood Cemetery</u> | 23d. LOCATION (City, town, or county)<br><u>St. Louis County, Mo.</u> |
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|--|------------------------------------|--|--|
| 24. FUNERAL DIRECTOR<br><u>G. Wade Granberry</u> | ADDRESS<br><u>4202 Finney Ave.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>OCT 31 1961</u> | 26. REGISTRAR'S SIGNATURE<br><u>Loan Smith, M.D.</u> |
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ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

**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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.,

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.