

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-042256

AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10818 STATE FILE NUMBER -61-042256

FILED DEC 1 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST Louis Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. A City Hosp I Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY _____
 c. CITY OR TOWN ST Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside give location) 1259 Bayard Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First RODNEY Middle CARTWRIGHT Last _____
 4. DATE OF DEATH Month NOV. Day 19 Year 1961

5. SEX MALE 6. COLOR OR RACE NEGRO 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 16 OCT 61 9. AGE (last birthday) Months 13 Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) ST Louis MO 12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME JOHANNY MERIC 13b. MOTHER'S MAIDEN NAME GYNOLYN CARTWRIGHT 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Gynolyn Cartwright Address 1259 Bayard

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Pneumonia
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 493x
 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. 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 _____

21. I attended the deceased from _____ and last saw her/him alive on _____
 Death occurred at 1055 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 1300 e. clack 22c. DATE SIGNED 11-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Reburial 23b. DATE 26 Nov 1961 23c. NAME OF CEMETERY OR CREMATORY Oradale Cemetery 23d. LOCATION (City, town, or county) (State) ST Louis Co. MO

24. FUNERAL DIRECTOR Reliable Funeral Svc ADDRESS 1389 N Union 25. DATE RECD. BY LOCAL REG. NOV 21 1961 26. REGISTRARS SIGNATURE Loan Smith MO

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 Lorene Green

Licensed Embalmer No. 7755

P. O. Address 1389 Union

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.