

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

MENT OF PUBLIC HEALTH AND WELFARE **318** Primary Registration District No. **1003** Registrar's No. **10501** -**61-042366** STATE FILE NUMBER

AMENDED  
DATE AMENDED  
INSIDE OF

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10501**

**FILED NOV 28 1961**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		d. STREET ADDRESS (If outside, give location) <b>5645A Easton</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Mable</b> Middle <b>Ellis</b> Last			4. DATE OF DEATH Month <b>11</b> Day <b>8</b> Year <b>61</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11 Jan 1911</b>
9. AGE (last birthday) <b>50</b>		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) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>- -</b>	11. BIRTHPLACE (City and state or country) <b>Mamphis, Tenn.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>- -</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT <b>Mr. Jack Payne</b> Address <b>5645a Easton</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>	INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
DUE TO (b) <b>Arteriosclerosis, Generalized</b>	<b>Undet.</b>
DUE TO (c) <b>Hypertensive Cardiovascular Disease</b>	<b>Undet.</b>

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.  
**443X**  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 Month, Day, Year  
a.m. p.m.

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 **11-2-61** to **11-8-61** and last saw her **6:45** relative on **11-8-61**

Death occurred at **2:45** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Chas. A. Ford, M.D.** (Degree or title)

22b. ADDRESS **2601 N. Whittier St.**

22c. DATE SIGNED **11-10-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

23b. DATE **11-14-61**

23c. NAME OF CEMETERY OR CREMATORY **Father Dickson Cemetery**

23d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

24. FUNERAL DIRECTOR **ATKINS BROS.** ADDRESS **3644 Finney Ave.**

25. DATE RECD. BY LOCAL REG. **NOV 13 1961**

26. REGISTRAR'S SIGNATURE **Loard Smith, M.D.**

INSIDE OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**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 John K. Birmingham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

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.