ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-043041

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10526

FILED NOV 28 1961

AMENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 2 days

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Homer G. Phillips — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4739 Kensington — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Exie Middle Last Wilson

4. DATE OF DEATH Month 11 Day 10 Year 61

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 12/22/08

9. AGE (last birthday) 52 — 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) Cleaning Shop

10b. KIND OF BUSINESS OR INDUSTRY Self Employed

11. BIRTHPLACE (City and state or country) Arkansas

12. CITIZEN OF WHAT COUNTRY U. S. A

13a. FATHER'S NAME Willie Hayes

13b. MOTHER'S MAIDEN NAME Ella Johnson

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT Mrs. Ozie Vanado Address 278 W. Wilson Pontiac, Michigan

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

IMMEDIATE CAUSE (a) Metastatic Carcinoma of Breast to Ribs, Liver and Vertebral Spine — INTERVAL BETWEEN ONSET AND DEATH Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 170 x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malnutrition and 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

21. I attended the deceased from 11-8-61, to 11-10-61 and last saw her alive on 11-10-61
Death occurred at 6:45 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas. P. Foode, M.D.

22b. ADDRESS 2601 N. Whittier St.

22c. DATE SIGNED 11-13-61

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

23b. DATE 11/16/61

23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery

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

24. FUNERAL DIRECTOR Glenn & Walker ADDRESS 4319 Delmar Blvd.

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

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

MEDICAL CERTIFICATION

DATE AMENDED 2 9 2

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF Queried - Site - Breast primary 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 _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Leroy U. Bannister

Licensed Embalmer No. 4523

P. O. Address 4251 Washing

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.