

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10648 - 61-043083 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis MO</u> Length of stay in 1b		c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3517 Lucas Ave</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>WK</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>WK</u> Middle <u>White</u> Last <u>Female</u>			4. DATE OF DEATH Month <u>9</u> Day <u>16</u> Year <u>61</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday) <u>35</u>	IF UNDER 1 YEAR Months Days IF OVER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WK</u>		11. BIRTH PLACE (City and state or country) <u>WK</u>	
12. CITIZEN OF WHAT COUNTRY <u>WK</u>		13a. FATHER'S NAME <u>WK</u>		13b. MOTHER'S MAIDEN NAME <u>WK</u>	
14. NAME OF HUSBAND OR WIFE <u>WK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>WK</u>		16. SOCIAL SECURITY NO. <u>WK</u>	
17. INFORMANT <u>Helen E. Taylor</u> Address <u>1300 Clark</u>					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE Undetermined Traumatic Injury suffered at the hands of Gas Smith who later buried body in basement of 3517 Lucas Ave. Exact time of death undetermined

INTERVAL BETWEEN ONSET AND DEATH

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): ON or Off. The Middle of July 1960 983X

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.) open verdict Buried in basement

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.) Hotel

20f. CITY, TOWN, OR LOCATION St. Louis COUNTY MO STATE MO

21. I attended the deceased from 3:30 PM to 3:30 PM and last saw her/him alive on 3:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Helen E. Taylor, Coroner 22b. ADDRESS 1300 Clark Ave. 22c. DATE SIGNED 11-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 11-17-1961 23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Missouri

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc. 4700 Washington 25. DATE RECD. BY LOCAL REG. NOV 16 1961 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

DATE AMENDED

1004

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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.

Not embalmed

Student _____

Signature of Student Embalmer

Signed _____ **Buried by City** _____

Licensed Embalmer No. _____

P. O. Address _____

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.