

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-047014
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12270

FILED 548 JAN 11 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		Length of stay in 1b <u>5 DAYS</u>	c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VAH, 915 NO. GRAND AVE.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4437 W. GARFIELD</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>RUBY WILLIS</u>			4. DATE OF DEATH Month Day Year <u>12/27/61</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/27/98</u>
9. AGE (last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNEMPLOYED LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>WETUMAK, ALABAMA</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>ELLA WILLIS</u>		14. NAME OF HUSBAND OR WIFE <u>SWEETIE WILLIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO-I</u>		17. INFORMANT Address <u>SWEETIE WILLIS (WIDOW) SEE #2</u>	

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

IMMEDIATE CAUSE (a) ACUTE PULMONARY EDEMA

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

DUE TO (c) _____ 527.2H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
BRONCHOGENIC CARCINOMA WITH METASTASES TO BRAIN; ADENOCARCINOMA SIGMOID

PART III. If deceased was female was there a pregnancy in last 90 days. 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. VA attended the deceased from 12/22/61 to 12/27/61 and last saw him alive on 12/27/61
Death occurred at 9:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
DAVID H. MCKENNA, M.D.

22b. ADDRESS
VAH, ST. LOUIS, MO.

22c. DATE SIGNED
12/28/61

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

23b. DATE
1/3/62

23c. NAME OF CEMETERY OR CREMATORY
National Cemetery

23d. LOCATION (City, town, or county) (State)
Jeff. Bks, Mo.

24. FUNERAL DIRECTOR ADDRESS
Wright Funeral Home 3100 Easton Ave.

25. DATE RECD. BY LOCAL REG.
DEC 29 1981

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

THIS IS TO BE FILED IN THE DEPARTMENT OF PUBLIC HEALTH AND WELFARE, DIVISION OF HEALTH, ST. LOUIS, MISSOURI. THIS IS TO BE FILED IN THE DEPARTMENT OF PUBLIC HEALTH AND WELFARE, DIVISION OF HEALTH, ST. LOUIS, MISSOURI. THIS IS TO BE FILED IN THE DEPARTMENT OF PUBLIC HEALTH AND WELFARE, DIVISION OF HEALTH, ST. LOUIS, MISSOURI.

DOCUMENT MEDICAL CERTIFICATION 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

Arthur L. Sullivan

Licensed Embalmer No.

4221

P. O. Address

3180 Easton

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.