SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-047443
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3627

FILED JAN 9 1962

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Brentwood~~ Clayton
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp.
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Kinloch
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 8329 Winton
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Annie Middle: Belle Last: Ward
4. DATE OF DEATH Month: Dec. Day: 18 Year: 1961
5. SEX Female
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☑
8. DATE OF BIRTH Jan 16 1914
9. AGE (last birthday) 47
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) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Private Family
11. BIRTHPLACE (City and state or country) Mississippi
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Virgil Johnson
13b. MOTHER'S MAIDEN NAME Emma Walton
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Anna N. Hampton Address 4126 Cook

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Peritonitis & ~~[illegible]~~ septicemia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Post-op 2 wk. exploratory celiotomy
DUE TO (c) Leiomyoma of stomach
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Post-op Cerebrovascular accident
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 10-24-1961, to 12-18-1961 and last saw her/him alive on 12-18-1961
Death occurred at 7:15pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John E. Oakley, M.D. (Degree or title)
22b. ADDRESS 601 S. Brentwood, Clayton, Mo.
22c. DATE SIGNED 12/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 28 Dec 1961
23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
23d. LOCATION (City, town, or county) St. Louis County (State) Mo.
24. FUNERAL DIRECTOR S. B. Foster ADDRESS 1221 North Grand Blvd.
25. DATE RECD. BY LOCAL REG. 12-20-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | 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 Oliver E Crumble, Student Embalmer No. 642

working under my personal supervision.

Student Oliver E Crumble
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3962

P. O. Address 1721 N. [illegible]

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.