

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047775

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1371**

STATE FILE NUMBER

**FILED FEB 7 1962**

AMENDED

3, 10a, 16 Eddie, Labor, 486-18-5589 - Edward, & Unk.  
 17 Juanita Anderson, 3861 Delmar  
 23a-24 Removal, Nat'l. Cem., Jeff. Barracks, 2/14/62, Boyd Bros. 2/16/62  
 BY AFFIDAVIT OF **Funeral Director**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis MO</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>W.C.U. Hosp #1</b>		d. STREET ADDRESS (If outside, give location) <b>4020 Westminister</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 Middle Last <b>Edward Eddie Allen</b>			4. DATE OF DEATH Month Day Year <b>11 30 61</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	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) <b>60</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>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>W.C.U.</b>	11. BIRTHPLACE (City and state, or country) <b>Virginia</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>W.C.U.</b>	
13b. MOTHER'S MAIDEN NAME <b>W.C.U.</b>		14. NAME OF HUSBAND OR WIFE <b>W.C.U.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and dates of service)		16. SOCIAL SECURITY NO. <b>W.C.U.</b>	17. INFORMANT <b>Helen Taylor</b> Address <b>3861 Delmar</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>Neurotizing NOBAC PNEUMONIA (10/11/61)</b> DUE TO (b) <b>Contracted 2nd Degree Burns of Arms</b> DUE TO (c) <b>and Fore Arms. Suffered in fire in home</b>			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) <b>See November 15<sup>th</sup> 1961</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>9160-16</b>	
20c. TIME OF INJURY Hour a.m. p.m. <b>11 18 61</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Office in home</b>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. CITY, TOWN, OR LOCATION <b>St. Louis</b>	COUNTY <b>MO</b>	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>St. Louis</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Helen L. Taylor, Coroner</b>		22b. ADDRESS <b>1300 Clark Ave.</b>	22c. DATE SIGNED <b>1-17-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>JAN 24 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Feb. National Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo. Jefferson Barracks Mo.</b>
24. FUNERAL DIRECTOR <b>Boyd Bros, 3706 Finney St. Louis 10, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>JAN 31 1962</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>	

MEDICAL CERTIFICATION

**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 \_\_\_\_\_

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.