

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-047786

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12267**

AMENDED

FILED JAN 25 1962

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL #1				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3021 MADISON AVE.				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First LAWRENCE Middle NMN Last COTTON						4. DATE OF DEATH Month 12 Day 24 Year 1961							
5. SEX MALE		6. COLOR OR RACE COLDRED		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> BABY Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-10-61		9. AGE (last birthday) 5 MOS.		IF UNDER 1 YEAR Months 5 Days 14		IF UNDER 24 HR Hours 14 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BABY				10b. KIND OF BUSINESS OR INDUSTRY BABY				11. BIRTHPLACE (City and state or country) ST. LOUIS		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME LAWRENCE RICHARDSON				13b. MOTHER'S MAIDEN NAME ANITA COTTON				14. NAME OF HUSBAND OR WIFE BABY					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) BABY				16. SOCIAL SECURITY NO. BABY		17. INFORMANT ANITA COTTON		Address 3021 MADISON					
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 Purulent Septic meningitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) with subdural empyema on left hemisphere due to Pneumococcus. DUE TO (c) hemisphere due to Pneumococcus.										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) 340.1								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 checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input 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.)									
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ and last saw her/him alive on _____ Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Nelaw L. Taylor, Coroner						22b. ADDRESS 1300 Clark Ave.			22c. DATE SIGNED 12-29-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 12-30-61		23c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON			23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, Mo						
24. FUNERAL DIRECTOR THOMAS JACKSON				ADDRESS 2741 DICKSON ST.		25. DATE RECD. BY LOCAL REG. DEC 29 1961		26. REGISTRAR'S SIGNATURE Loed Smith M.D.					

DATE AMENDED

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 not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas Jackson

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.