

MISSOURI DEPARTMENT OF PUBLIC HEALTH AND WELFARE  
**STANDARD CERTIFICATE OF DEATH**

**62-012621**  
 STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3274**

DO NOT WRITE ON THIS STUB

AMENDED

**FILED APR 6 1962**

VS 300	DATE AMENDED
Rev. 4/59	
1	
2 <b>21</b>	
3	
4 <b>3</b>	
5 <b>1</b>	
6	
7 <b>1</b>	
8 <b>2</b>	
9	
10	
11	
12 <b>81-0</b>	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb <b>25 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>4438 Greer Ave</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke Hospital</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>VERNICE EUWING</b>		4. DATE OF DEATH Month Day Year <b>March 24 1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-29-1921</b>
9. AGE (last birthday) <b>40</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>25</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Jackson Miss</b>
12. CITIZEN OF WHAT COUNTRY <b>U SA</b>		13a. FATHER'S NAME <b>Eddie Lemon</b>	
13b. MOTHER'S MAIDEN NAME <b>Alberta Warren</b>		14. NAME OF HUSBAND OR WIFE <b>Harvey Euwing</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>331X</b>	
17. INFORMANT <b>Harvey Euwing 4438 Greer Ave</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Leukemia</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>diabetes mellitus</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b> <b>unknown</b>
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <b>St. Louis Co</b>		STATE <b>MO</b>
21. I attended the deceased from <b>1957</b> and last saw her/him alive on <b>Nov 17, 61</b> Death occurred at <b>3:35 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Robert Quinn M.D.</b>		22b. ADDRESS <b>3720 Washington</b>	
22c. DATE SIGNED <b>3/26/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3-29-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National</b>	23d. LOCATION (City, town, or county) <b>St. Louis Co</b> (State) <b>MO</b>
24. FUNERAL DIRECTOR <b>JAS H. RANDLE &amp; SON e3133 Bell Ave</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 27 1962</b>	
		26. REGISTRAR'S SIGNATURE <b>Loan 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

*Esther H. Harris*

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

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.