

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

28-62-013308  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2877**

**FILED MAR 26 1962**

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED	INSTEAD OF	DOCUMENT
Rev. 4/59				
1				
2 <i>22</i>				
3				
4 <i>2</i>				
5 <i>2</i>				
6				
7 <i>1</i>				
8 <i>2</i>				
9				
10				
11				
12 <i>90-3</i>				
13				
<i>90</i>	SHOULD READ	BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1019 N. 18th St.</i>		d. STREET ADDRESS (If outside, give location) <i>1019 N. 18th St.</i>	
3. NAME OF DECEASED (Type or print) <i>Willie WAYNE</i>		4. DATE OF DEATH Month <i>MARCH</i> Day <i>10</i> Year <i>62</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6/17/05</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired - Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Magnus Metal Co. MACON, Miss.</i>	
13a. FATHER'S NAME <i>John Wayne</i>		13b. MOTHER'S MAIDEN NAME <i>Eliza Jane Lawry</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		14. NAME OF HUSBAND OR WIFE <i>General Wayne</i> Address <i>3939 N. Taylor</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage.</i> DUE TO (b) _____ DUE TO (c) <i>331x</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 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 checked="" 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 _____, to _____, and last saw her/him alive on _____. Death occurred at _____ <i>1:50 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul J. Simon</i> (Degree or title) <i>deputy coroner</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>3/13/62</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>3/16/62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>WASHINGTON PARK</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis City Mo.</i>
24. FUNERAL DIRECTOR <i>Gordon-English</i> ADDRESS <i>1123 N. Taylor</i>		25. REGISTRAR'S SIGNATURE <i>Loan Smith. M.D.</i>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

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.