

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017404

STATE FILE NUMBER

318

1003

4619

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED MAY 10 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1		DATE AMENDED	6/18/62
2	22		
3			
4	2		
5	2		
6			
7	1		
8	1		
9			
10			
11		INSTEAD OF	5/8/62
12	77-0		
13			
	77		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ 5/10/62

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		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 Komer G. Phillips		d. STREET ADDRESS (If outside, give location) 2019 Cole St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Simuel Middle Williams Last		4. DATE OF DEATH Month 5 Day 2 Year 62	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-1-1900
9. AGE (last birthday) 62 yrs		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Miss.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME unknown	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE nil	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Kirk Williams		Address 6010a Etzel Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Congestion			INTERVAL BETWEEN ONSET AND DEATH Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Intracranial Neoplasm			Undet.
DUE TO (c) 193.0			
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 4-4-62 to 5-2-62 and last saw him alive on 5-2-62		Death occurred at 7:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Sunday L. Frow</i> (Degree or title) , M. D.		22b. ADDRESS 2601 N. Whittier Street	
22c. DATE SIGNED 5-4-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-5-8-62	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
23d. LOCATION (City, town, or county) St. Louis County,		(State) Mo.	
24. FUNERAL DIRECTOR Dement & Son ADDRESS 2629-31 Cole Street		25. DATE RECD. BY LOCAL REG. MAY 7 1962	
		26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>	

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 W. Claude Gordon

Licensed Embalmer No. 3489
P. O. Address 1123 W. 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.