

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1962

1003

5958

-62-024422

STATE FILE NUMBER

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

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

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>City Hospital No 1</i>		d. STREET ADDRESS (If outside, give location) <i>2728 Stoddard</i>	
3. NAME OF DECEASED (Type or print) First <i>Walter</i> Middle <i>Blocker</i> Last <i>Jr</i>		4. DATE OF DEATH Month <i>6</i> - Day <i>13</i> - Year <i>62</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-18-1908</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chairman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Amer. Car Shop</i>	11. BIRTHPLACE (City and state or country) <i>Little Rock Ark.</i>
12a. FATHER'S NAME <i>Walter Blocker Jr.</i>		13b. MOTHER'S MAIDEN NAME <i>Unk</i>	14. NAME OF HUSBAND OR WIFE <i>Emma Jackson Blocker</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>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Emma Jackson Blocker 2728 Stoddard</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>Coronary occlusion</i> DUE TO (b) <i>acute Pulmonary Oedema.</i> DUE TO (c) <i>4201</i>			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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		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>1130 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Helen L. Taylor Caron</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>6/18/62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>6-18-62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	23d. LOCATION (City, town, or county) <i>St. Louis</i>
24. FUNERAL DIRECTOR <i>Manuel Und. Co. 1711 N. Taylor</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 15 1962</i>	26. REGISTRAR'S SIGNATURE <i>Loan 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 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.