

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028617

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6787**

FILED JUL 31 1962

- VS 300 Rev. 4/59
- 1
- 2 **211**
- 3
- 4 **3**
- 5 **2**
- 6
- 7 **1**
- 8 **2**
- 9
- 10
- 11
- 12 **92-3**
- 13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY																					
		<b>St. Louis</b>		<b>39yrs</b>		<b>Missouri</b>		<b>St. Louis</b>																					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)																							
<b>D.O.H Hospital 2</b>						<b>1819 Laflin St</b>																							
3. NAME OF DECEASED (Type or print)			First			Middle			Last			4. DATE OF DEATH			Month			Day			Year								
			<b>MINNIE</b>						<b>FARIOR</b>			<b>July</b>			<b>7</b>			<b>1962</b>											
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR		Months		Days		Hours		Min.									
<b>Female</b>		<b>Col</b>				<b>11-18-09</b>		<b>52</b>		<b>7</b>		<b>19</b>																	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY																	
<b>Housework</b>								<b>Omaha Ark</b>				<b>U.S.A.</b>																	
13a. FATHER'S NAME						13b. MOTHER'S MAIDEN NAME						14. NAME OF HUSBAND OR WIFE																	
<b>Henry Rush</b>						<b>Lillie Herron</b>																							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)						16. SOCIAL SECURITY NO.						17. INFORMANT Address																	
												<b>Jerry McDonald 1819 Laflin Ave</b>																	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:																		INTERVAL BETWEEN ONSET AND DEATH											
IMMEDIATE CAUSE (a)																		<b>Coronary Thrombosis</b>											
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.																		DUE TO (b)											
																		<b>4201</b>											
DUE TO (c)																													
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 checked="" 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: _____ m on the date stated above, and to the best of my knowledge, from the causes stated.																													
22a. SIGNATURE (Degree or title)																		22b. ADDRESS						22c. DATE SIGNED					
<b>Paul J. Simon Deputy</b>																		<b>1300 Clark</b>						<b>7/9/62</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify)				23b. DATE				23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)																	
<b>Removal</b>				<b>7-12-1962</b>				<b>Washington Park</b>				<b>ST. LOUIS Co. Mo.</b>																	
24. FUNERAL DIRECTOR ADDRESS						25. DATE RECD. BY LOCAL REG.						26. REGISTRAR'S SIGNATURE																	
<b>Randle &amp; Son 3133 Bell Ave.</b>						<b>JUL 10 1962</b>						<b>Heart Smith. M.D.</b>																	

**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 A. Harris*

Licensed Embalmer No. *4658*

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.