

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028631
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7258

FILED AUG 13 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|---|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Length of stay in 1b | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY | | c. CITY OR TOWN <u>St. Louis</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u> | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>1035 N. Taylor Ave</u> | | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>ESTHER</u> Middle Last <u>FLETCHER</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>23</u> Year <u>1962</u> | | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | |
| 8. DATE OF BIRTH <u>July 10, 1912</u> | | 9. AGE (last birthday) <u>50</u> | | IF UNDER 1 YEAR Months Days Hours Min. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (City and state or country) <u>Arkansas</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u> | | 13a. FATHER'S NAME <u>Hezekiah Shelly</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Fannie Ore</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Nil</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No.</u> | | | 16. SOCIAL SECURITY NO. <u>904.0-21</u> | | | 17. INFORMANT <u>Hezekiah Shelly</u> | | | Address <u>4731 Newberry Terrace</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Intra-Cranial Hemorrhage</u> DUE TO (b) <u>Apparently suffered in fall in home on July 23, 1962</u> DUE TO (c) <u>accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>904.0-21</u> | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT <input checked="" 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.) <u>see above</u> | | | | | | | |
| 20c. TIME OF INJURY Hour <u>11</u> Month, Day, Year <u>7-23-62</u> a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 20f. CITY, TOWN, OR LOCATION <u>St Louis, Mo</u> | | COUNTY | | STATE | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <u>11:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Joseph M. Quinn Deputy</u> | | | | | | 22b. ADDRESS <u>1300 Clark</u> | | | 22c. DATE SIGNED <u>7-26-62</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>July 30, 1962</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | | | 23d. LOCATION (City, town, & county) <u>St. Louis County</u> | | STATE <u>Mo.</u> | | |
| 24. FUNERAL DIRECTOR <u>E. B. Rooney</u> | | | | ADDRESS <u>1221 N. Grand</u> | | 25. DATE RECD. BY LOCAL REG. <u>JUL 26 1962</u> | | 26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u> | | | |

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

Michael Blackburn

Licensed Embalmer No. 3962

P. O. Address 1771 N. Grand Ave

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.