MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-032342

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8016

FILED AUG 22 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 21
3
4 3
5 1
6
7 1
8 2
9
10
11
12 80-0
13

80

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
Length of stay in 1b: (2 Mos. 22 days
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis State Hosp. Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY
c. CITY OR TOWN: St. Louis Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4404a Easton Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: MATTIE Middle: Last: LOU CALHOUN
4. DATE OF DEATH: Month: Aug. Day: 14, Year: 1962
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Sep.
8. DATE OF BIRTH: 12/23/17
9. AGE (last birthday): 44 IF UNDER 1 YEAR: Months, Days IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby Sitter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): West Point, Miss.
12. CITIZEN OF WHAT COUNTRY: America
13a. FATHER'S NAME: Elix Word
13b. MOTHER'S MAIDEN NAME: Cora Blanchard
14. NAME OF HUSBAND OR WIFE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Hospital Records Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Electrolyte imbalance
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes Mellitus
DUE TO (c) 260X
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 May 23, 1962, to Aug. 14, 1962 and last saw her/him alive on Aug. 14, 1962
Death occurred at 3:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Irmgard Dobrow, M.D.
Irmgard I. Dobrow
22b. ADDRESS: 5400 Arsenal St.
22c. DATE SIGNED: 8-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8/17/62
23c. NAME OF CEMETERY OR CREMATORY: Local Cemetery
23d. LOCATION (City, town, or county) (State): Aberdeen, Mississippi

24. FUNERAL DIRECTOR: R. M. C. ADDRESS: Green Funeral Home, 4060 Washington Ave
25. DATE RECD. BY LOCAL REG.: AUG 17 1962
26. REGISTRAR'S SIGNATURE: Hal Smith, M.D.

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 Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo.

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.