MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-032351
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6882

FILED AUG 20 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Firmin DesLoge Hospital — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ill. b. COUNTY: St. Clair
c. CITY OR TOWN: East St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1477 State Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: BARBARA Middle: (none) Last: CHOMA

4. DATE OF DEATH: Month July Day 11 Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/24/98
9. AGE (last birthday): 63 — IF UNDER 1 YEAR: Months 6 Days 17 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Austria-Hungary
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Alexander Black
13b. MOTHER'S MAIDEN NAME: Helen (Unknown)
14. NAME OF HUSBAND OR WIFE: Mike Choma

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.:
17. INFORMANT: Mike Choma — Address: East St. Louis, Illinois 1477 State Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Brain damage with edema — INTERVAL BETWEEN ONSET AND DEATH
Conditions if any which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Accidental fall with preexisting diabetes + leukemia
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes + leukemia 9040
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

O.K. Deputy Coroner

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.) Nocturnal fall
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.): Home
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-3-62 to 7-11-62 and last saw her/him alive on 7/11/62
Death occurred at 12:00 Am on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE: Francis G. Walker M.D. (Degree or title)
22b. ADDRESS: 130 N. Meramac-Clayton, Mo.
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/14/62
23c. NAME OF CEMETERY OR CREMATORY: Mount Carmel
23d. LOCATION (City, town, or county) (State): Belleville, Illinois

24. FUNERAL DIRECTOR ADDRESS: KASSLY FUNERAL HOME-E.St.Louis, Ill.
25. DATE RECD. BY LOCAL REG.: JUL 13 1962
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	8120 7 F		
3			
4	1		
5	1		
6			
7	2		
8	2		
9			
10			
11	812		
12	61-0		
13			
	61		

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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 Not Embalmed, Student Embalmer No._____ working under my personal supervision.

Student_____ Signed H. Duckworth

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.