MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 62-032399

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7890

FILED AUG 22 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, Missouri
Length of stay in 1b: 1 Month
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2643 Delmar Boulevard
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Roosevelt; Middle: NMN; Last: Douglas

4. DATE OF DEATH: Month: August; Day: 11; Year: 1962

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ Separated

8. DATE OF BIRTH: 2/19/19

9. AGE (last birthday): 43

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): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Terminal Railroad

11. BIRTHPLACE (City and state or country): Crawford, Mississippi

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: ARDER DOUGLAS

13b. MOTHER'S MAIDEN NAME: MATTIE LOMAX

14. NAME OF HUSBAND OR WIFE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W. W. II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Washington Douglas, 4208 Broadway, Ill.
Address: East St. Louis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Subarachnoid hemorrhage	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Ruptured aneurysm of the basilar artery	1 month
DUE TO (c)	330 x	

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 July 11, 1962 to August 11, 1962 and last saw her/him alive on August 11, 1962
Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: FR Bradley MD (Degree or title) F. R. Bradley, M. D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 8/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8/17/62

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Missouri

24. FUNERAL DIRECTOR: Moreau Office
ADDRESS: 2114 Missouri Ave. E. St. Louis, Ill.

25. DATE RECD. BY LOCAL REG.: AUG 13 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	22		8/22
3			
4	2		
5	1		
6			
7	1		
8	1		
9			
10			
11			
12	52-0		
13			

52

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Marionte. Offner

Signature of Student Embalmer

Licensed Embalmer No. 5177

P. O. Address St. Louis, Ill.

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.