

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032488

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8014**

FILED AUG 31 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY 7707 Fordney St.		a. STATE 7707 Fordney St. COUNTY St. Louis Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 7707 Fordney St.	
3. NAME OF DECEASED (Type of print) Willie Green		4. DATE OF DEATH Aug 15 62	
5. SEX Male		6. COLOR OR RACE Colored	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug 2 96	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		9b. KIND OF BUSINESS OR INDUSTRY Musical Louisiana	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Musical Louisiana	
11a. FATHER'S NAME Dont Rame		11b. MOTHER'S MAIDEN NAME Dont Rame	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		13. SOCIAL SECURITY NO. [Redacted]	
14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		15. INFORMANT James L. Williams 7707 Fordney Address [Redacted]	
IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease;		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) Generalized arterio sclerosis.			
DUE TO (c) 420.0			
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
16. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		17. ACCIDENT - SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
18. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		19. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
22. CITY, TOWN, OR LOCATION		COUNTY STATE	
23. I attended the deceased from _____ to _____ and last saw him/her alive on _____			
24. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
25. SIGNATURE (Degree or title) Walter L. Taylor, Coroner		26. ADDRESS 1300 Clark Ave.	
27. BURIAL, CREMATION, REMOVAL (Specify) Removal		28. DATE 8/20/62	
29. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		30. LOCATION (City, town, or county) (State) St. Louis County Missouri	
31. FUNERAL DIRECTOR ACMAN Smith ADDRESS 4247 W. Babcock		32. DATE RECD. BY LOCAL REG. AUG 18 1962	
33. REGISTRAR'S SIGNATURE Walter L. Taylor, M.D.			

USE BLACK INK OR TYPEWRITER RIBBON

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

Arthur L. Sullivan

Licensed Embalmer No. 4221

P. O. Address 300 East 1st 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.