

-62-040622

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

9947

STATE FILE NUMBER

318

1003

Registration District No. Primary Registration District No. Registrar's No.

FILED OCT 29 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
1
2 22
3
4 2
5 0
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7 0
8 1
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10
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12 75-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>											
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>																	
3. NAME OF DECEASED (Type or print) First				Middle				Last				4. DATE OF DEATH		Month		Day		Year					
EDWARD								POTTS				SEPT.		14		1962							
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR											
MALE		NEGRO				8/2/62		5 WEEKS		Months		Days		Hours		Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY											
NO				NONE				ST. LOUIS, MO				U.S.A.											
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE															
EDWARD				PAULINE SMITH																			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, NO or unknown) (If yes, give year or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT				Address											
NO				NO				NONE				ST. LOUIS CITY HOSP. #1.											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GASTROENTERITIS, SAMONELLA</u> DUE TO (b) <u>Pulmonary Edema</u> DUE TO (c) <u>042.0</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)												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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown											
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input 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.)																			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year																							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>9-11-62</u> to <u>9-14-62</u> and last saw her alive on <u>9-14-62</u> Death occurred <u>8:00</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.																							
22a. SIGNATURE <u>G. Khatoun</u> (Degree or title)				22b. ADDRESS <u>1515 LAFAYETTE AVE.</u>				22c. DATE SIGNED <u>9-14-62</u> (State)															
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>10-31-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>				23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>															
24. FUNERAL DIRECTOR <u>Rowland Mortuary Svc.</u> ADDRESS <u>4104-06 Manchester</u>				25. DATE REC'D. BY LOCAL REG. <u>Oct 18 1962</u>				26. REGISTRAR'S SIGNATURE <u>Boyd 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 _____

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.