

-63-003209

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 61

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

VS 300 Rev. 4/59

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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

**FILED JAN 16 1963**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b \_\_\_\_\_  
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Homer G. Phillips** 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) **4350 Cote Brillante** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Estelle** Middle \_\_\_\_\_ Last **Baxter**

4. DATE OF DEATH Month **1** Day **1** Year **63**

5. SEX **Fem.** 6. COLOR OR RACE **Negro** 7. Married:  Never Married  Widowed  Divorced

8. DATE OF BIRTH **4/16/19** 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) **Laundromat Attendant** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Moore** 13b. MOTHER'S MAIDEN NAME **Emma Rollins** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT Address **Emma Walton, 5205 Lexington**

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Hepatic Failure** INTERVAL BETWEEN ONSET AND DEATH **Undet.**  
DUE TO (b) **Adenocarcinoma of the tail of the Pancreas**  
DUE TO (c) **157X**  
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 **11-17-62** to **1-1-63** and last saw **deceased** alive on **H-63**  
Death occurred at **8:40 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) 22b. ADDRESS **2601 N. Whittier** 22c. DATE SIGNED **1-3-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **1/5/63** 23c. NAME OF CEMETERY OR CREMATORY **Greenwood** 23d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

24. FUNERAL DIRECTOR **Cunningham & Moore, 2405 Marcus** ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. **JAN 4 1963** 26. REGISTRAR'S SIGNATURE **[Signature]**

**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 John T. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

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.