

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009039

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1266

STATE FILE NUMBER

VS 300
Rev. 4/59

1

2 22

3

4 2

5 2

6

7 1

8 1

9

10

11

12 91

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>D. O. A.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>Homer G. Phillips</u> | | d. STREET ADDRESS (If outside, give location) <u>2705 Lucas</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Booker</u> Middle <u>T.</u> Last <u>Mc Gill</u> | | 4. DATE OF DEATH Month <u>2/2</u> Day <u>/1963</u> Year | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9/9-1907</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Disbilty</u> | 11. BIRTHPLACE (City and state or country) <u>Belvin Ark.</u> |
| 13a. FATHER'S NAME <u>Andrew McGill</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elnora Wesley</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 17. INFORMANT <u>Mattie Stamp. Belvin Ark.</u> | |
| 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>Bronchial Pneumonia</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>491x</u> | | | |
| DUE TO (c) | | | |
| 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 |
| 19. WAS AUTOPSY PERFORMED? YES <input 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 <u>3:20</u> 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 <u>Hope Ark.</u> |
| 21. I attended the deceased from <u>3:20</u> to <u>A</u> and last saw her/him alive on <u>2-6-63</u> . Death occurred at <u>3:20</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Frank M. Quinn Deputy</u> | | 22b. ADDRESS <u>1300 Clark</u> | 22c. DATE SIGNED <u>2-6-63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Shipped</u> | 23b. DATE <u>2/8/1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. John Cem</u> | 23d. LOCATION (City, town, or county) <u>Hope Ark.</u> |
| 24. FUNERAL DIRECTOR <u>Hill & Radford</u> | | 25. DATE RECD. BY LOCAL REG. <u>FEB 6 1963</u> | 26. REGISTRAR'S SIGNATURE <u>Loed 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 Leroy E. Barnister

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

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.