

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009075

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB
 AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2110** STATE FILE NUMBER

FILED MAR 8 1963

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1	VS 300
2	Rev. 4/59
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1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO.		Length of stay in 1b 60 yrs	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. # 1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1535 Love Joy Lane
3. NAME OF DECEASED (Type or print) ERNEST P. MAYBERRY		4. DATE OF DEATH Month FEB. Day 21 Year 63	
5. SEX Male	6. COLOR OR RACE Col	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-7-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Mt Pleasant Tenn	9. AGE (last birthday) 77-7-25
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	11. BIRTHPLACE (City and state or country) U S A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, had or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Elizabeth Bozeman 3132 Vine Grove	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DISSEMINATED CARCINOMA of RECTUM		12. CITIZEN OF WHAT COUNTRY U S A	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonia		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.		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 2/14/63 to 2/21/63 and last saw her/him alive on 2/21/63 Death occurred at 8:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. E. Cozart M.D. (Degree or title)		22b. ADDRESS 1515 LAFAYETTE AVE.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		22c. DATE SIGNED 2/21/63	
23b. DATE 3-27-63		23c. NAME OF CEMETERY OR CREMATORY Father Dickson	
24. FUNERAL DIRECTOR JAS H. HANDLE & SON ADDRESS 3133 Bell Ave		23d. LOCATION (City, town, or county) (State) St. Louis Co Mo	
		25. DATE RECD. BY LOCAL REG. FEB 25 1963	
		26. REGISTRAR'S SIGNATURE Loan Smith. M.D.	

D. E. COZART, 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 *Charles H. Harris*

Licensed Embalmer No. *4458*
P. O. Address *4181 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.