

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-009635
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2167

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 8 1963

VS 300 Rev. 4/59
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DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
ITEM NO.

1. PLACE OF DEATH a. COUNTY St. Louis, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois		b. CITY OR TOWN St. Clair		c. CITY OR TOWN East St. Louis		d. STREET ADDRESS 1508 Russell Avenue							
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Missouri		Length of stay in 1b 5 Days		c. CITY OR TOWN East St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION People's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1508 Russell Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First Middle Last HANNAH WILLIS			4. DATE OF DEATH Month Day Year February 23, 1963												
5. SEX Female		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/25/75		9. AGE (last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Murray, Kentucky		12. CITIZEN OF WHAT COUNTRY U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY None				11. BIRTHPLACE (City and state or country) Murray, Kentucky				12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME UNKNOWN				13b. MOTHER'S MAIDEN NAME MARGARET THURMAN				14. NAME OF HUSBAND OR WIFE NONE							
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. [REDACTED]				17. INFORMANT Beatrice Singleton, 1508 Russell Avenue, East St. Louis, Ill.							
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Unknown</i> DUE TO (b) <i>Nephritis</i> DUE TO (c) <i>Myocardial infarction</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4222</i> 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 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 e.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 7/1/63 to 2/23/63 and last saw her alive on 2/23/63 Death occurred at 2/23/63 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				22. SIGNATURE (Degree or title) <i>Edw. F. Wilson</i>				22b. ADDRESS 1516 Broadway				22c. DATE SIGNED 2/25/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/1/63		23c. NAME OF CEMETERY OR CREMATORY Sunset Gardens Memory		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri		24. FUNERAL DIRECTOR Marion's Office		25. DATE RECD BY LOCAL REG. FEB 26 1963		26. REGISTRAR'S SIGNATURE Earl Smith, M.P.			

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF MEDICAL CERTIFICATION

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

Marion O'Brien

Licensed Embalmer No. 5177

P. O. Address St. Louis

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.