

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

63-022426
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5902

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

SHOULD READ

DOCUMENT

FILED JUN 7 1963

1. PLACE OF DEATH
a. COUNTY: **Missouri**
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
d. STREET ADDRESS (If outside, give location): **1521 Lovejoy Lane** Reside on Farm: 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): _____ Reside on Farm: Yes No

3. NAME OF DECEASED (Type or print) First Middle Last: **Emolyn Willis**
4. DATE OF DEATH Month Day Year: **6 1 63**

5. SEX: **Fem** 6. COLOR OR RACE: **Negro** 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH: **3/11/1902** 9. AGE (last birthday): **61**
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): **Miss** 10b. KIND OF BUSINESS OR INDUSTRY: _____ 11. BIRTHPLACE (City and state or country): **Miss** 12. CITIZEN OF WHAT COUNTRY: **US**

13a. FATHER'S NAME: **Richard Perry** 13b. MOTHER'S MAIDEN NAME: **Arbella Brock** 14. NAME OF HUSBAND OR WIFE: **Hallis Willis**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give unit or dates of service): **No** 16. SOCIAL SECURITY NO.: _____ 17. INFORMANT: **Hallis Willis** Address: **1521 Lovejoy Lane**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): **Generalized Sarcomatosis** INTERVAL BETWEEN ONSET AND DEATH: **Undet.**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: _____
DUE TO (b): _____
DUE TO (c): **199.2**

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 _____ Month; Day, Year _____ a.m. _____ p.m. _____

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: **1** COUNTY: _____ STATE: _____

21. I attended the deceased from **2-26-63** to **6-1-63** and last saw her ^{her} alive on **6-1-63**
Death occurred at **12:25 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: **Willis Smiley** (Degree or title) _____ 22b. ADDRESS: **2601 N. Whittier** 22c. DATE SIGNED: **6-3-63**

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

24. FUNERAL DIRECTOR: **Reliable Funeral Svc 1589 Union** ADDRESS: _____ 25. DATE RECD. BY LOCAL REG.: **JUN 4 1963** 26. REGISTRAR'S SIGNATURE: **Paul Smith, 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 James A. St. John
Licensed Embalmer No. 4441

P. O. Address 1389 Union

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.