

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034054

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8479** STATE FILE NUMBER

FILED AUG 29 1963

VS 300 Rev. 4/59

DATE AMENDED

1
2 **206**
3
4 **3**
5 **2**
6
7 **0**
8 **2**
9
10
11
12 **770**
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		c. CITY OR TOWN		d. STREET ADDRESS		e. INSIDE LIMITS		f. RESIDE ON FARM	
		St. Louis			Missouri				St. Louis		5955 Lotus		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH		Month	Day	Year							
Melzetta				Roulette	8 17 63											
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH	9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR							
Fem.	Negro			8-30-1877	-85 yrs.		Months	Days	Hours	Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY								
Housewife				None		Missouri		U.S.A.								
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE								
Andrew Evans				Unknown				Deceased								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address										
No				None		Celeste Gamby-3913 San Francisco Avenue										
18. CAUSE OF DEATH (Enter only one cause per item)												INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY:																
IMMEDIATE CAUSE (a)												Hepatitis				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												Undet.				
DUE TO (b)																
DUE TO (c)												155.0				
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.				
Intra-abdominal Metastasis												<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	Month, Day, Year													
		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 8-14-63 to 8-17-63 and last saw him/her alive on 8-17-63																
Death occurred at 2:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.																
22a. SIGNATURE (Degree or title)				22b. ADDRESS				22c. DATE SIGNED								
James A. Whittier, M.D.				2601 N. Whittier				8-19-63								
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)								
Removal		8-23-1963		Greenwood Cemetery		St. Louis (County) Missouri										
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECORDING AGENCY REG.		26. REGISTRAR'S SIGNATURE										
Ellis Funeral Home-2820 Stoddard St.				AUG 20 1963		Wood Smith, M.D.										

USE BLACK INK OR TYPEWRITER RIBBON

Missouri

St. Louis

2025 Lotus

St. Louis

Homert G. Phillips

Missouri

12 yrs. (1-30-1911)

Negro

Female

Missouri

Age

Education

Residence

Occupation

Previous Service

Complete body - 1911 (see previous page)

Notes

Time

Place

Initial

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,

x or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4800

P. O. Address 4149 W. Cass St.

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.