

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

63-034190

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8641 STATE FILE NUMBER

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

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED AUG 29 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS MO.** Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSP. #1.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **4844 Page Ave** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
LOWIE (Vassals) VASSAL 4. DATE OF DEATH Month Day Year
AUGUST 23 1963

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **2-20-198** 9. AGE (last birthday) **65** 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) **Truck Driver** 10b. KIND OF BUSINESS OR INDUSTRY **Champ Springs Co.** 11. BIRTHPLACE (City and state or country) **St. Louis Mo.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Sprages Vassal** 13b. MOTHER'S MAIDEN NAME **Virginia Rodgers** 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) **No** 17. INFORMANT **Genevieve Wilson 4844 Page Blvd.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **middle cerebral artery thrombosis**
DUE TO (b) **Cerebral arteriosclerosis**
DUE TO (c) **332xH**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
1) Bronchogenic carcinoma 2) Myocardial infarction

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 COUNTY STATE

21. I attended the deceased from **7,30,63** to **8,23,63** and last saw him alive on **8,23,63**.
Death occurred at **1:25 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Richard L. Phellis M.D.** 22b. ADDRESS **1515 LAFAYETTE AVE.** 22c. DATE SIGNED **8,23,63.**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **8/29/63** 23c. NAME OF CEMETERY OR CREMATORY **Greenwood Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

24. FUNERAL DIRECTOR **L.B. Koonce** ADDRESS **1221 N. Grand Blvd.** 25. DATE RECD. BY LOCAL REG. **AUG 26 1963** 26. REGISTRAR'S SIGNATURE **Joan Smith M.D.**

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 Oliver Crumblee

Licensed Embalmer No. 5185

P. O. Address 1221 N. Grand Blvd.

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.

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