

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037371

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9182** STATE FILE NUMBER

**FILED SEP 19 1963**

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 4/59

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DATE AMENDED

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				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>			Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5818 Cates Ave</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>5818 Cates</b>	
3. NAME OF DECEASED (Type or print) <b>Lillie E. BLACK</b>						4. DATE OF DEATH Month <b>Sept</b> Day <b>12</b> Year <b>1963</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>N</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>9-26-1883</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Ennis, Texas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
13a. FATHER'S NAME <b>Henry Hudson</b>			13b. MOTHER'S MAIDEN NAME <b>Angeline House</b>			14. NAME OF HUSBAND OR WIFE <b>Divorced</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>no none</b>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mattie E. Malone 4911 Northland Ave</b>		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b>							<b>2 days</b>
DUE TO (b) <b>Right Sided Hemiplegia</b>							<b>2 days</b>
DUE TO (c) <b>HYPERTENSIVE HEART DIS.</b>							<b>Several yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>443X</b>							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 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.)		CITY, TOWN, OR LOCATION	COUNTY
20f. CITY, TOWN, OR LOCATION		STATE					
21. I attended the deceased from <b>1961</b> to <b>9-12-63</b> and last saw her alive on <b>9-12-63</b> Death occurred at <b>3:10</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Charles J. Steffney, M.D.</b>				22b. ADDRESS <b>2616 N. Kingsleyway</b>		22c. DATE SIGNED <b>9-12-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>9/16/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo</b>		
24. FUNERAL DIRECTOR ADDRESS <b>C.W. Roberts Und. Co 1416 N. Taylor Ave</b>				25. DATE RECD. BY LOCAL REG. <b>SEP 13 1963</b>		26. REGISTRARS SIGNATURE <b>Loan Smith, M.D.</b>	

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 \_\_\_\_\_

*H. Claude Gordon*

Licensed Embalmer No. \_\_\_\_\_

*3489*

P. O. Address \_\_\_\_\_

*1173 N. Taylor*

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.