

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041378  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10115**

**FILED OCT 17 1963**

VS 300	DATE AMENDED
Rev. 4/59	
1	
2 <b>2/15</b>	
3	
4 <b>3</b>	
5 <b>2</b>	
6	
7 <b>1</b>	
8 <b>2</b>	
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10	
11	
12 <b>7-11</b>	
13	
<b>77</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

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>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		d. STREET ADDRESS (If outside, give location) <b>3926A West Belle</b>	
3. NAME OF DECEASED (Type or print) First <b>Daisy</b> Middle <b>Dixon</b> Last		4. DATE OF DEATH Month <b>10</b> Day <b>9</b> Year <b>63</b>	
5. SEX <b>Fem.</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-21-1914</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Laundry</b>	9. AGE (last birthday) <b>49</b>
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
<b>ARKANSAS</b>		<b>U.S.A</b>	
13a. FATHER'S NAME <b>Willie Manning</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT <b>Anna Lee Venerable 1230 Walton ST.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hepatic Coma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
DUE TO (b) <b>Laennec's Cirrhosis</b>			
DUE TO (c) <b>Chronic Alcoholism</b>		<b>581.1</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Ascites</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 <b>7:00</b> Month <b>7</b> Day <b>11</b> Year <b>63</b>			
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 <b>10-7-63</b> to <b>10-9-63</b> and last saw <del>her</del> alive on <b>10-9-63</b>		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS <b>2601 N. Whittier</b>	22c. DATE SIGNED <b>10-10-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>10-14-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, COUNTY MO.</b>
24. FUNERAL DIRECTOR <b>DUNN FUNERAL HOME 3847 PAGE BL.</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 11 1963</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

**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 Arthur C. Heilliard

Licensed Embalmer No. 4221

P. O. Address 3100 Easton

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.