

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045216

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

11414

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED NOV 22 1963

VS 300 Rev. 4/59	DATE AMENDED	
1		
2		21/19
3		
4		3
5		2
6		
7		1
8		2
9		
10		
11		
12		90-0
13		
90		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4302A Cottage		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4302A Cottage
3. NAME OF DECEASED (Type or print) Everlena Berry		4. DATE OF DEATH Month 11 Day 14 Year 63	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-18-1906
9. AGE (last birthday) 57	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unable to work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Preston, Ark.
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Sam Marks	
14. MOTHER'S MAIDEN NAME Hattie ?		15. NAME OF HUSBAND OR WIFE Widowed	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates) No		17. SOCIAL SECURITY NO.	
18. INFORMANT Carrie Houston- 2408 N. Pendleton		19. ADDRESS	
20. CAUSE OF DEATH (Enter only one cause beginning with terminal disease) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremic Coma Hypotension DUE TO (b) Chronic Nephritis DUE TO (c) Senility Hypotension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility Paralysis of Extremities 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			
21. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		22. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
23. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 592x			
24. TIME OF INJURY Hour _____ a.m. _____ p.m.		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. CITY, TOWN, OR LOCATION		27. COUNTY STATE	
28. I attended the deceased from Nov 9th to Nov 14th and last saw her alive on Nov 9-1963 Death occurred at Nov 14th 10 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
29. SIGNATURE SE Willmore MD		30. ADDRESS 2330	
31. DATE SIGNED Nov 18/63		32. DATE SIGNED	
33. BURIAL, CREMATION, REMOVAL (Specify) Removal		34. DATE 11-21-63	
35. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		36. LOCATION (City, town, or county) (State) St. Louis, Missouri	
37. FUNERAL DIRECTOR A. L. Beal Und. Co. 4303 Delmar		38. DATE RECD. BY LOCAL REG. NOV 18 1963	
39. REGISTRAR'S SIGNATURE W. 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

Vera Thompson Wilson

Licensed Embalmer No. 4435

P. O. Address 4303 Belmont

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.