

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003385

XC-20 434 438 -- SL 17817

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 1028** STATE FILE NUMBER

FILED VS FEB 10 1960

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Length of stay in 1b 5 minutes	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 313A LOCUST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EUSTACE S. FLETCHER			4. DATE OF DEATH Month Day Year JANUARY 27, 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/26/91	9. AGE (last birthday) 69	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) ACTOR		10b. KIND OF BUSINESS OR INDUSTRY Show Boat		11. BIRTHPLACE (City and state or country) GILT EDGE, TENNESSEE		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME TURNER FLETCHER		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE (nee) VIDA FLETCHER (Sedgwick)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. 316-01-7596		17. INFORMANT Address Vida Fletcher, 313A Locust, St. Louis, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) GENERALIZED CARCINOMATOSIS		15 MONTHS
DUE TO (b) ADENO CARCINOMA OF ILEO-CECAL REGION OF COLON		-
DUE TO (c) 153.0 -		-

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1-29-60		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 VAH, ST. LOUIS, MO.	COUNTY _____ STATE _____
21. I attended the deceased from 1/27/60 to 1/27/60 and last saw him ^{her} alive on 1/27/60 Death occurred at 12:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22. SIGNATURE (Degree or title) Robert B. Mundy, D.		22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 1/27/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/1/60	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR WACKER-HELDERLE-3634	ADDRESS Gravois Ave.	25. DATE RECD. BY LOCAL REG. JAN 29 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Delis J. Krupin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.