

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 1 0 1960

60-003792

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 982** STATE FILE NUMBER

| | | | | | | | | |
|---|--|---|--|---|--|--|----------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis MO</i> | | | | Length of stay in 1b | | c. CITY OR TOWN <i>St Louis</i> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Hofner</i> | | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <i>2801 So. Broadway</i> | | |
| 3. NAME OF DECEASED (Type or print) First <i>Charles</i> Middle <i>Mastix</i> Last <i>Mastix</i> | | | | 4. DATE OF DEATH Month <i>1</i> Day <i>3</i> Year <i>60</i> | | | | |
| 5. SEX <i>Male</i> | | 6. COLOR OR RACE <i>White</i> | | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <i>Retired</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>None</i> | | 11. BIRTHPLACE (City and state or country) <i>Mo</i> | | 12. CITIZEN OF WHAT COUNTRY <i>unk</i> | | |
| 13a. FATHER'S NAME <i>unk</i> | | | | 13b. MOTHER'S MAIDEN NAME <i>unk</i> | | 14. NAME OF HUSBAND OR WIFE <i>unk</i> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <i>unk</i> | | | | 16. SOCIAL SECURITY NO. <i>unk</i> | | 17. INFORMANT <i>E. E. Taylor</i> Address <i>1300 Clark</i> | | |
| 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) | | | | | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | | |
| DUE TO (b) <i>Cancer of Lungs</i> | | | | | | | | |
| DUE TO (c) <i>unk</i> | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>163x</i> | | | | | | 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 | | |
| 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. | | Month, Day, Year | | | | | | |
| 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <i>Joseph M. [unclear]</i> (Degree or title) | | | | 22b. ADDRESS <i>1300 Clark</i> | | | 22c. DATE SIGNED <i>1-19-60</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE <i>JAN 30 1960</i> | | 23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i> | | 23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i> | | |
| 24. FUNERAL DIRECTOR - ADDRESS <i>Rowland Mortuary Svc. 4104-06 Manchester</i> | | | | 25. DATE RECD. BY LOCAL REG. <i>JAN 28 1960</i> | | 26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFRUIT 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.