

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004244

FILED VS FEB 5 1960

2 760

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		c. CITY OR TOWN St Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4208 Shaw	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		4. DATE OF DEATH Month Day Year Jan 21, 1960	
3. NAME OF DECEASED (Type or print) First Middle Last Lenola Wills		5. SEX female	
6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 6/18/1881		9. AGE (last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) St Louis Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Dies		13b. MOTHER'S MAIDEN NAME not known	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 498-09-2962		17. INFORMANT Ervin Wills Address 9719 Lenor	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>2nd and 3rd degree burns of 85% of body.</i> DUE TO (b) <i>916.0 16</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 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			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour Month, Day, Year 1. 19.60 1960		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <i>Shuffled under kitchen lighted by hot plate in kitchen, on January 19th</i>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, office, office bldg., etc.) <i>Home</i>	
20f. CITY, TOWN, OR LOCATION St Louis		COUNTY Mo STATE	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at <i>110A</i> _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Salvino &amp; Taylor</i> (Degree or title)		22b. ADDRESS <i>1300 Chocoma</i>	
22c. DATE SIGNED <i>1/24/60</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 1/23/60		23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
23d. LOCATION (City, town, or county) Affton Mo.		24. FUNERAL DIRECTOR ADDRESS John L Ziegenhein & Sons 7027 Gravois	
25. DATE RECD. BY LOCAL REG. JAN 22 1960		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*m.j.B*

**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 Donald Benz

Licensed Embalmer No. 45863

P. O. Address H. Lawrence

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.